**TAX INVOICE**

ABN 14 852 335 677

**2017 MEMBERSHIP APPLICATION**

Please complete **all** sections **clearly**

|  |  |  |
| --- | --- | --- |
| Family Name: | | |
| Given Name(s): | | |
| School/College/Workplace: | | |
| Address: | | |
| State: | Postcode: | Wk Phone: Mobile: |
| Email: | | |
| Please notify the Membership Secretary of any change of address. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate Membership Type** | **Amount Payable** |  | **Indicate Payment Type** |
| * Individual | $ 60.00 | * Cheque – Payable to ‘LETASA’ * Credit Card – complete details below * EFT – details below |
| * Institutional | $110.00 |
| * Pre Service Teacher | $ 20.00 |
| * International\*   (\*required for all members with addresses outside of Australia) | $150.00 |
| LETASA is a not for profit organisation and does not charge GST | | | |

**Credit Card Details: 🞎** MasterCard 🞎 Visa

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card No: 🞎🞎🞎🞎/🞎🞎🞎🞎/🞎🞎🞎🞎/🞎🞎🞎🞎

Expiry Date: 🞎🞎/🞎🞎(**please** have a minimum 4 months until expiry)

**EFT Details:**

**Account Name:** LETASA

**BSB Number:**  065 131

**Acc Number:**  1006 4914

**Reference:**  School Name (Institutional Membership) or Member Name (Individual Membership)

Send this application form **and** your payment/EFT notification to:

**Yvette Winter**

University Senior College

North Tce

ADELAIDE SA 5005

Email: [yvette.winter@adelaide.edu.au](mailto:yvette.winter@adelaide.edu.au)