

Member no.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Preferred Email listed for website access: \_\_\_\_\_

If you do not wish to receive regular email updates from Speech Pathology Australia please contact National Office (refer Member Renewal Information).

**Professional Self Regulation** (now included in membership fee)

- I am a current member of PSR program  
 I am not a current PSR participant but wish to opt in

### CHECKLIST

Have you:

- signed the Member Declaration below  
 included your payment  
 included the PSR form (if applicable)  
 completed Employer/Practice details

**Save time and renew your membership online**  
[www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)

Membership Category:

**Lump Sum Payment:**

**Credit Card online payment** **Please pay online** \$  
Renewal after 26 February 2010 \$

**Cheque / Money Order** **Via post only** \$  
Renewal after 26 February 2010 \$

Please make Cheques and Money Orders payable to Speech Pathology Australia

A late fee of \$44 will be applied for any payments made after 26 February 2010. For current membership fees please see Membership fees under Membership on our website.

**Instalments only\*** (by credit card only)  
 First instalment must be received before 26 February 2010 \$  
 Second instalment is due on 30 June 2010 \$

Name on card: \_\_\_\_\_ Card No:

Signature: \_\_\_\_\_ Expiry Date:

If the expiry date of your credit card is prior to July 2010 (07/10) you must contact the Association with the new details of your card once it is renewed.

In the event of a miscalculation of the amount due, I authorise the Association to debit the correct amount. Applies to credit card payments only. Cheques that have the incorrect amount will be returned to be amended.

\* Please see Member Renewal Information for Terms and Conditions.

### MEMBER DECLARATION

Please sign and date

I declare that the information supplied is correct and confirm my membership status for 2010 and if renewing as a Practising member I confirm:

- I have worked 1000 hours in speech pathology practise in the last five years.
- Or
- I have graduated within the last three years and have worked an equivalent of 200 hours per annum in speech pathology since graduation.

I will abide by the Association's Rules and its Code of Ethics in my practice of speech pathology. I do not have any conditions that may seriously affect my ability to practise as a speech pathologist. I have not been refused registration as a health practitioner in a foreign country or in any Australian State or Territory. I have not been charged with any offence or convicted of any criminal offence that would render me an unsuitable person to practise as a speech pathologist. (Note - if you have a prior conviction that may or may not be spent or lapsed at law, you should seek legal advice about whether you can make this declaration prior to completing this renewal.) I acknowledge that I have read the Association's Privacy Collection Statement (provided to me previously or on the website [www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)) and I consent to the information about me contained in this form being collected by Speech Pathology Australia for the purposes of processing my membership renewal and agree to the use and disclosure of information provided by me for the purposes of furthering the interests of the speech pathology profession and the objects of Speech Pathology Australia

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer or Private Practice Details

Information may be used for public referrals, private practice online searches unless indicated otherwise. Due to limited space details of only two practices are shown, additional practices can be viewed and updated online.

### Current or New Employer/Practice Details

Employer/Practice: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

P/code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Practice Email: \_\_\_\_\_

#### Practice type:

- Public  
 Private

#### Clinical population:

- Children 0-5 years  
 Children 5 – 12 years  
 Adolescents  
 Adults  
 Aged (over 65 yrs)

#### Services:

- Accident Cover (work or transport)  
 Corporate training  
 DVA – Veterans  
 Home Visits  
 Medicare (approved services)  
 Medico Legal  
 Nursing Homes  
 Palliative Care  
 School visits

#### Areas of special interest:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accent modification                            | <input type="checkbox"/> Head & neck cancers                    | <input type="checkbox"/> Social/Mental health |
| <input type="checkbox"/> Adult Language (incl. Aphasia)                 | <input type="checkbox"/> Head injury                            | <input type="checkbox"/> Speech               |
| <input type="checkbox"/> Auditory processing                            | <input type="checkbox"/> Hearing loss                           | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Augmentative & Alternative Communication (AAC) | <input type="checkbox"/> Language/Learning (child & adolescent) | <input type="checkbox"/> Stuttering/Fluency   |
| <input type="checkbox"/> Autism spectrum disorders (ASD)                | <input type="checkbox"/> Literacy                               | <input type="checkbox"/> Swallowing/Dysphagia |
| <input type="checkbox"/> Craniofacial (incl. cleft)                     | <input type="checkbox"/> Progressive neurological disorders     | <input type="checkbox"/> Tracheostomy         |
| <input type="checkbox"/> Dyspraxia                                      |   | <input type="checkbox"/> Voice                |

#### Additional information:

- I do not want these details used for public referrals or online searches.

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