

Please read Information for Applicants for Student Membership (Entry Level) on the back page before completing this form. Please use block letters. The original application form must be returned to National Office. Faxed applications will not be accepted.

**Personal Information**

Family name: (Mr, Ms, Mrs, Miss, Dr) .....

Former name: (if applicable) .....

Given names: .....

Date of birth: ...../...../..... (used for security purposes to confirm identity on the phone)  
Day Month Year

**Contact Details**

Mailing Address: ..... Phone: (.....) .....

..... Fax: (.....) .....

..... Mobile: .....

Suburb: ..... State: ..... Postcode: .....

Email: .....

*\*Part of Speech Pathology Australia's Member Benefits is the ability to access the Member only areas of our website [www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au) and also to be part of our Association Email Distribution List. By providing us with an email address you are automatically included on this list. If you do not wish to receive Association news and updates via email, tick below:*

\* Please contact National Office if you do not wish to receive regular email updates from Speech Pathology Australia.

Languages spoken: .....  
(Please list languages spoken **other than English**, including a Sign Language if applicable)

**Course Details**

State	University	Title	√	Proposed year of degree completion
<b>New South Wales</b>	Charles Sturt	BHlthSc(SpeechPath)		
	Macquarie	MSLP		
	Newcastle	BSpPath		
	Sydney	BAppSc(SpPath)		
<b>Queensland</b>	James Cook	BSpPath		
	Queensland	BSpPath		
		MSpPathStud		
<b>South Australia</b>	Flinders	BSpPath		
		MSpPath		
<b>Victoria</b>	La Trobe	BSpPath		
		MSpPath		
<b>Western Australia</b>	Curtin	BSc(HCS)		
		MSc(SpPath)		
	Edith Cowan	BSpch.Path		

**Certification by University staff member**

*I verify .....*

*is currently enrolled in a Speech Pathology course\* at ..... University*

Print Name: .....

Signature: .....

Position: ..... Date: .....

*\* please refer to course details listed on front page of the application form*

**Privacy Collection Statement to comply with NPP 1.3**

The Speech Pathology Association of Australia Limited is a company under the Corporations Act and is a professional association for speech pathologists.

You may contact the Association by writing to Speech Pathology Australia, 2<sup>nd</sup> floor, 11-19 Bank Place, Melbourne 3000, by calling 03 9642 4899 or by emailing office@speechpathologyaustralia.org.au.

You have the right to gain access to the personal information we collect from you on this form or at any later date.

Any personal information we collect from you will be used to promote the speech pathology profession and the objects of Speech Pathology Australia, including:

- Maintaining membership records
- Conducting Branch activities
- Providing referrals to members of the public
- Mailouts for research purposes
- Cooperation with other health organisations
- Collation of data about the profession

Speech Pathology Australia does not usually disclose information about its members to commercial organisations, however the Association may disclose personal information of members for any of the above purposes to Branch offices and secretariats, other members of the Association, members of the public, government agencies, universities, or other bodies undertaking relevant research.

If you do not provide all of this information to Speech Pathology Australia the Association's data on the profession will be less representative and this may reduce the Association's ability to advocate for the profession.

Speech Pathology Australia policies for the management of personal information are set out in the publication entitled 'Speech Pathology Australia Privacy Policy' available from Speech Pathology Australia on request.

**MEMBER DECLARATION**

*Please sign and date*

I hereby apply for admission to The Speech Pathology Association of Australia Limited as a

**Student Member**

- I declare that:
- a. I meet the Association's entry standards for Student Membership (as provided with this application form),
  - b. both the information and the supporting documentation I have provided are a true and accurate record, and
  - c. I will abide by the Association's Rules and its Code of Ethics.

And I acknowledge that I have read the Association's Privacy Collection Statement 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 application and agree to the use and disclosure of personal 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: .....

**Application Checklist**

Please ensure you have completed all sections of the application form and have signed the member declaration.

Please check you have provided the following:

- Certified** evidence you are enrolled in a recognised course e.g. course enrollment form **and** student ID card.
- Certified\*** evidence of any name change since enrolment.
- Relevant membership fee.

**\*Certified copies means copies of your original documents must be signed and stated as 'a true and correct copy' by a Justice of the Peace or Commissioner for taking Affidavits**

**For more information**

Please contact National Office:

Address: 2nd floor, 11-19 Bank Place, Melbourne Vic 3000  
 Phone: 03 9642 4899  
 Fax: 03 9642 4922  
 Email: office@speechpathologyaustralia.org.au  
 Website: www.speechpathologyaustralia.org.au

**Payment details for 2010** (i.e. 1 January – 31 December 2010)

**Fee : \$93.50** (including GST)

**To Speech Pathology Australia:**

I enclose my cheque /money order for  \$93.50

**OR**

Please debit my  Mastercard  Visa  \$93.50  
(Please fill in card number below)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date: ..... /.....

Name on card: .....

Signature of cardholder: .....

**FOR OFFICE USE ONLY:**

Date received:	Membership No:
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## **Information for Applicants for Student Membership (Entry Level)**

### **Eligibility**

**Only students enrolled in a speech pathology course recognised by Speech Pathology Australia are eligible for this category of membership.**

Applicants enrolled in their 1<sup>st</sup> degree in speech pathology (whether graduating with a Bachelors or Masters degree) are eligible for Student membership.

Applicants **MUST** ensure they meet all selection criteria **AND** provide **ALL** the required documents.

### **Student Members**

- are offered benefits in line with Ordinary Members, including free regular publications.
- are offered professional development opportunities at student member rates.
- are offered National Conference registration fees at student member rates.
- are not entitled to vote or sit on Council or sub-committees.
- may be co-opted to Association bodies, but are not entitled to vote.
- pay a special rate in their first year after completion of their course.

### **Procedure**

Applicants for Student Membership must provide evidence of enrolment in a recognised speech pathology course.

This may include:

- a copy of your current student card or enrolment details, or
- a statement from your university you are currently enrolled in a recognised speech pathology course, or
- the declaration on the application form attesting you are enrolled in a speech pathology course completed by the appropriate member of staff at the University you are attending.

### **Application Approval**

When applications are received, they are checked and then sent to Council for consideration. Acceptance to membership of The Speech Pathology Association of Australia Limited is subject to Council approval.

Please note if the required documents are not received with your application form, considerable delays may be experienced before your application can be processed.

Following approval, new members will receive an information pack with their membership certificate.

As a member of the Association you are encouraged to ensure you always keep records and details regarding your professional membership in a safe place.

**Membership Fee** (Please note: membership is for a calendar year, i.e. 1 Jan – 31 Dec. However, students must join by 1 November to benefit from reduced membership fees for new graduates.)

Please include the fee due with your application. Payment may be made by cheque or credit card.

### **Student Member Upgrade**

After graduation Student Members may upgrade their membership to Ordinary Membership by re-applying and submitting the necessary certified copies of documents. The relevant application form will be forwarded at the end of your nominated final year of study or the application form is obtainable from National Office.

Providing you are a Student Member in your **final year of study**, special membership fees apply for your first year after graduation.