



Application Form Alumnus Membership 2012

Please read refer to * Eligibility criteria for Alumnus membership before completing this form. Please use block letters and **print clearly**. The original application must be returned to National Office. Faxed or scanned 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

Occupation:

Contact Details

Mailing Address:

Suburb: State: Postcode:

Country:

Phone: (.....)

Mobile:

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 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, please contact National Office.*

Languages spoken:

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

Employment Details

Employer/Practice:

Address Line 1:

Address Line 2:

Suburb: State: P/code:

Phone: Fax:

Mobile:

Qualifications

(See Application Checklist for Alumnus Membership regarding documentation required, if applicable)

Qualification:

University: Year of completion:

Eligibility:

* An Alumnus Member is a person who has practised speech pathology providing that:

- they are not employed in a capacity that involves the management or education of speech pathologists, or of those in allied health professions (as determined from time to time by the Council);
- they have held Ordinary Membership (Practising or Non-practising) of the Association in the past for at least ten years; and
- they are not registered with a Registration Board, pertaining to the practice of speech pathology, required in the state in which they practise.

MEMBER DECLARATION

Please sign and date

I hereby apply for admission to The Speech Pathology Association of Australia Limited as an **Alumnus Member**

- I declare that:
- I meet the Association's entry standards for Alumnus Membership (as defined in the information provided with this application form*),
 - both the information and the supporting documentation I have provided are a true and accurate record,
and,
 - I will abide by the Association's Rules and 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 that you have completed all sections of the application form and have signed the member declaration.

Please check that you have provided the following if you have **not** been a member with Speech Pathology Australia **within the last 5 years**:

- certified*** evidence that you have successfully completed a course in speech pathology.
- certified*** evidence of any name change since graduation.
- required membership fee is attached.

***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 (e.g. pharmacist, police officer, nurse, accountant etc.).**

For more information

Please contact National Office: Address: Level 2 / 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

	Australian mailing address (incl. GST)	Overseas mailing address
Membership fee for 2012	\$121	\$110

To Speech Pathology Australia:

I enclose my cheque/money order for: \$AUD \$121 \$110

OR

Please debit my MasterCard/VISA \$AUD \$121 \$110

(Please fill in card number below)

Expiry date: /.....

Name on card: Signature of cardholder:

FOR OFFICE USE ONLY:

Date received:	Membership No:
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For information on our Privacy policy please visit: www.speechpathologyaustralia.org.au