

Due Date: 1 January 2012

Save time and renew your membership, PSR and
practice details online

www.speechpathologyaustralia.org.au

Member no: _____

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Please remember that memberships must be renewed by 1 January each year. Members requiring Medicare provider status should renew as early as possible as Medicare's annual audit will take place in early 2012.

Membership Category: _____

Lump Sum Payment **DUE BY 1 JANUARY 2012** :

Credit Card online payment only

Visa and MasterCard only

Please pay online: \$ _____

Cheque / Money Order

Please make cheques and money orders payable to "Speech Pathology Australia"

Via post only: \$ _____

A late fee of **\$44 incl. GST will be applied** for any payments made after **29 February 2012**.
For current membership fees please see Membership fees under Membership on our website.

Direct Debit (Bank Account ONLY)

Total including admin fee \$ _____

Please complete the direct debit form at the reverse of this notice.

Direct debit can be arranged monthly, quarterly or yearly and will incur an administration fee of \$33 (incl. GST).

Full terms and conditions can be found over the page or at: www.speechpathologyaustralia.org.au/membership

MEMBER DECLARATION

Please sign and date

I declare that the information supplied is correct and confirm my membership status for 2012 and if renewing as a Practising member I confirm:

• I have worked a minimum of 1000 hours in speech pathology practice in the last five years (proof can be provided upon request).

Or

• I have graduated within the last three years and have worked an equivalent of at least 200 hours per annum in speech pathology practice 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) 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: _____



Direct Debit Request

Member Number: _____

Request and Authority to debit the account named below to pay Speech Pathology Australia

Request and Authority to debit

Your Surname: _____

Your Given names: _____ "you"

request and authorise **Speech Pathology Australia** to arrange, through its own financial institution, a debit to your nominated account any amount **Speech Pathology Australia**, has deemed payable by you (*In accordance with the annual membership fee as outlined*).

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Frequency

Payments will be debited on 20th of each month or closest business day.

Monthly Quarterly Yearly

Please select your payment frequency.

Insert the name and address of financial institution at which account is held

Financial institution name: _____

Address: _____

Insert details of account to be debited

Name/s on account: _____

BSB number (must contain 6 digits): |_|_|_|_| - |_|_|_|_|

Account number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Speech Pathology Australia** as set out in this Request and in your Direct Debit Request Service Agreement.

If you renew/join after January your first instalment will be backdated to 1 January, and if renewing after February the late fee of \$44 (incl. GST) will be deducted in your first instalment. By electing to pay by instalments you are also opting to have your membership automatically rolled over into the forthcoming year therefore authorising Speech Pathology Australia to continue deducting membership fees until you notify Speech Pathology Australia in writing to cease deductions or your membership is cancelled or withdrawn and outstanding fees are collected. You will be notified in writing of any change to your deductions at least 30 days prior to that change. The monthly deduction is one twelfth of the total of your annual membership. The administration fee will be spread across your payment frequency.

I understand that instalments cannot be cancelled throughout the year and I am authorising Speech Pathology Australia to deduct the balance of my membership fees from the above bank account or by other means where appropriate. I authorise Speech Pathology Australia to deduct the amount indicated by my preferred means of payment. In the event of a miscalculation of the amount due, I authorise Speech Pathology Australia to debit the correct sum where the miscalculated amount does not exceed 10% of the total amount due.

Insert your signature and address

Signature: _____

Address: _____

Date: ___ / ___ / ___