



**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**

Please refer to:  
[www.speechpathologyaustralia.org.au/index.php?option=com\\_content&view=article&id=345&Itemid=280](http://www.speechpathologyaustralia.org.au/index.php?option=com_content&view=article&id=345&Itemid=280)

**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:

- Certification** by a University Staff Member – see section above on page 2.
- OR**
- Certified** evidence you are enrolled in a recognised course e.g. course enrolment form **and** student ID card, **if** a University Staff Member is unable to sign the declaration on page 2.
- 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 (e.g. pharmacist, nurse, accountant, vet or police officer) – this is only required **if** a University Staff Member is unable to sign the declaration on page 2.

**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 for 2012** (i.e. 1 January – 31 December 2012)

**Fee : \$99.00** (incl GST)

**I enclose** my cheque /money order for \$AUD  \$99

**OR**

**Immediately:**

Please debit my  MasterCard  Visa \$AUD  \$99  
(Please fill in card number below)

Expiry date: ..... /.....

Name on card: .....

Signature of cardholder: .....

**OR**

Direct Debit (see enclosed form). Please note a \$33 (incl.GST) administration fee applies.  
Monthly payments to begin immediately or yearly payment to be taken in the month of joining then January each subsequent year.

**FOR OFFICE USE ONLY:**

Date received:	Membership No:
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**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 20<sup>th</sup> 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 joining after February the first instalment will include an adjustment amount, and if renewing after March 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:**      \_\_\_ / \_\_\_ / \_\_\_

## **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 entry-level 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 reduced 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 must include one of the following:

- 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. OR
- **certified** copy of your current student card **and** enrolment details, OR
- **certified** statement from your university stating your current enrolment in a recognised speech pathology course

### **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. Applications can be received throughout the year; however, students in their final year 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, money order, credit card or direct debit.

### **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.