



2008 MEMBERSHIP APPLICATION

Society to Promote Essential Education for Children with Communication Handicaps

Please enclose a cheque or money order for \$20.00

In order for us to update our membership data it would be valuable if you could complete the form below. The information you provide us will assist us in providing appropriate workshops and information for your family.

Is your application: Please circle New or Renewal

Name: _____ **Date:** ___/___/___

Address: _____ **Suburb:** _____ **Post Code:** _____

Phone: Hm: _____ Wk: _____ Mob: _____

Email address: _____

Do you wish to receive the quarterly newsletter by email? Please circle Yes No

Payment: Please circle Cash Cheque Money Order

Membership Type: Please circle

Parent/Family Speech Pathologist Other professional Student

Age range of your child/children who has speech and language difficulties:

Please circle 0-3 4-6 7-12 13+

Type of Disorder if known: _____

Your child currently attends: Please circle LDC / LDC Waiting List / Exited an LDC

Telethon Speech & Hearing Mainstream school: Public or Private

Other: _____

SPEECH WA Inc

A: PO Box 1031 Willagee WA 6156 **E:** info@speechwa.org.au **M:** 0405 310 199