



Helping People Who Stutter since 1980

# Australian Speak Easy Association Inc.

Victoria Branch

Treasurer  
35 Ryans Rd,  
Eltham, VIC, 3095.  
Email: [vsea@speakeasy.org.au](mailto:vsea@speakeasy.org.au)  
ASEA Website: [www.speakeasy.org.au](http://www.speakeasy.org.au)

## 2002 Membership & Renewal/Application Form

*Our membership period is from 1st January to 31st December each year*

Please accept my membership application to the ASEA. (√one box)

- Ordinary \$35     
  Associate \$35     
  \*Concessional \$20     
  \*Junior \$20

(\* Concession card holder/full time student or junior under 17 years)

For new members please also tick the joining Month. For renewal members please use the top part only full fee apply			
<b>Joining Month</b> (√one box)	(* concession card holder/full time student or junior under 17 years)		
<input type="checkbox"/> January, February or March	\$35.00	(* \$20.00)	
<input type="checkbox"/> April, May or June	\$27.00	(* \$15.00)	
<input type="checkbox"/> July, August or September	\$18.00	(* \$10.00)	
<input type="checkbox"/> October, November or December	\$9.00	(* \$5.00)	

- Personal Details:**     my details are available for the use of ASEA only; or  
 my details are also available to related speech & research organisations

Title & first names: Mr/Mrs/Ms ..... Phone (home): .....

Last name: ..... Phone (work): .....

Postal address: .....

.....

Postcode: ..... E-mail: .....

- I wish to donate \$..... to the work of the Australian Speak Easy Association.
- Cheque                     
  Bankcard                     
  Visacard                     
  Mastercard

Cardholder name: \_\_\_\_\_

Credit No.

Expiry date:    /    /    Signature: \_\_\_\_\_

*(ASEA is a registered charitable organisation: Donations of \$2 and over are tax deductible)*

Cheques should be made payable to    ⇒    **Victoria Speak Easy Association**  
and posted with this form to            ⇒    **35 Ryans Rd, Eltham. VIC 3095**

### I agree to abide by the constitution of the Association:

Signature: ..... Date: ..... / ..... / .....

**OUR MISSION:** "To support and help people who stutter, to maintain fluency and to promote the treatment of stuttering".