



The Speak Easy
Association of
W.A. Inc

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33 MOORE STREET, EAST PERTH,
WESTERN AUSTRALIA 6004.
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Membership Application Form

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

Please accept my application for membership to Speak Easy (Tick one box)

Ordinary (\$35)	Family (\$35)	Associate (\$35)	*Concessional (\$20 card holder)	*Junior (\$20 under 17)
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Joining Month (Tick one box) *(* concession card holder/full time student or junior under 17 years)*

January, February or March	\$35.00	(* \$20.00)
April, May or June	\$27.00	(* \$15.00)
July, August or September	\$18.00	(* \$10.00)
October, November or December	\$9.00	(* \$5.00)

I enclose payment for \$ including/or a donation of \$ (Tick if receipt required)
(Donations of \$2 and over are tax deductible)

Please make cheques payable to: Speak Easy Association of WA Inc

OR payment by Credit Card: (Tick one box) Bankcard Visa Master Card

Full name of Cardholder (please print):

Card No:

Expiry date: /

Signature of Cardholder:

Return payment with completed form to: **Speak Easy, 33 Moore St, East Perth, WA 6004**

Your personal details are for the official use of the Speak Easy Association only. This may include contacting you about research studies and/or clinical programs regarding stuttering.

Age group (Tick one box) under 10 10-19 20-29 30-39 40-49 50+

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

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

Postal address:(postcode) _ _ _ _

Email:..... Mobile:

How did you hear about us?

I agree to abide by the constitution of the Association / /
(signature) (date)

Welcome and thank you for supporting The Speak Easy Association WA. We look forward to developing a positive working relationship with you. Please let us know if we can do anything to assist you further 9225 4111.

OUR MISSION

TO SUPPORT AND HELP PEOPLE WHO STUTTER, TO MAINTAIN FLUENCY AND TO PROMOTE THE TREATMENT OF STUTTERING

THE AUSTRALIAN SPEAK EASY ASSOCIATION IS A REGISTERED CHARITABLE INSTITUTE: REF # DRG 486 946 .