



Membership Application

I hereby apply for annual membership of the
Specific Learning Difficulties Association of Victoria
and enclose my subscription

Please note there is the option to subscribe to the new Journal which will be issued each July – this is additional to standard membership- see payment options below.

Name:

(school or business members please include the name of your organisation as well as a contact person)

Address:

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Post Code :

Phone: work home mobile

Email:

Occupation:

Annual Subscription: School /Organisation \$185.00

Personal/family \$75.00

With Journal \$90.00

Payment details: cheque / money order Visa / MasterCard

Card holders name:

Card numbers: _____ Expiry date: __/ __

Signature: Date: