Website: www.speakeasy.org.au

Email: vic@speakeasy.org.au

**Send to**:
The Treasurer
11 Lionel Street
Doncaster East VIC 3109
Ph: 03 9842 6682

# Membership/Donations Form

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

**Please accept my payment for membership of the ASEA.**

**Membership Type:**

☐ **$40** - Normal renewal

☐ **$25** - Concession renewal (concession card holder/full time student or junior under 17 years)

I enclose payment for **$** ..... including/or a donation of **$ .....**☐ (Tick if receipt required)

***(Donations of $2 and over are tax deductible)***

**Payment method:**

☐ Direct Deposit - Please transfer funds to BSB 033003, Account Number 850693, Account Name: Victorian Speak Easy Association. Please make sure to include your full name in the reference and also post or email form details back to vic@speakeasy.org.au

☐ Cheque – Please make payable to: 'Victorian Speak Easy Association' and post to:
11 Lionel Street, Doncaster East VIC, 3109

**My personal details are shown below**

Age group: ☐ under 15 ☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+

Category: ☐ Person who stutters (PWS) ☐ Parent of PWS
☐ Speech Pathologist/Student ☐ Other:.....

Name: ⇒ ..... ☐ Male ☐ Female ☐ Non-binary

Email: ⇒ .....

Postal address: ⇒ ..... Phone (home): ⇒ .....
..... Phone (work): ⇒ .....
..... Mobile: ⇒ .....

Postcode: ⇒ ..... Occupation: ⇒ .....

**Comments**

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