Learning Difficulties Coalition NSW Inc.

LDC Office at The Children's Hospital at Westmead PO Box 140 Westmead NSW 2145 ABN 93 046 401 929
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APPLICATION FOR MEMBERSHIP/RENEWAL

Membership Year is from 31 May 2010 to 31 May 2011

Name of Membership (eg. school, personal):

_____

Postal Address:_____

Suburb _____ Postcode _____

Ph (Home):_____ Ph (Work)_____

Mobile: _____Fax: _____

Email: **PRINT CLEARLY** _____

Signature:_____

Membership Information – (please tick boxes below)

☐ Membership Renewal $30

☐ Concession $20
Please post/fax/email a copy of your student/pension/benefit card with your application.

☐ New Member - Individual $30

☐ New Member – School $30

☐ Parent ☐ Teacher ☐ Professional ☐ School ☐ Other ……
Please specify

Do you wish to receive your Newsletter via: ☐ Mail ☐ Email

Payment Methods: Please note the LDC is GST exempt.

- Paypal or Credit Card: please see website www.ldc.org.au (Firstly, on the Home Page (www.ldc.org.au) click on "JOIN/RENEW". Then click on "ELECTRONIC MEMBERSHIP FORM". Fill in the form and click "SUBMIT". On the next page click "ADD TO CART" then "PROCEED TO CHECKOUT". This will then take you to a page with the option to pay via paypal or via credit card)
- Internet Banking: BSB 112879, A/C no 044050245
- Money Order/Cheques to be made out to the Learning Difficulties Coalition NSW Inc. and posted to LDC Office, PO Box 140, Westmead, 2145.

NB: *Any information supplied by you on your membership form will be used by this organisation only and not provided to other parties without your permission.*

OFFICE USE ONLY

Date	Bank	Receipt. No.	Seminar	Treas.	Contact	Label	Email – M/U	Email – Nltr	New Mem List.doc	New Mem Letter