

## Post all forms to:

WASLA Inc. Membership P O Box 1272 WEST PERTH WA 6872

Email: wasla@wasla.asn.au ABN 14 788 316 426

## WESTERN AUSTRALIAN SCHOOL LIBRARY ASSOCIATION INC.

2025 Membership Form (including renewals)
Tax Invoice

A copy of this form must be sent to the Executive Officer along with payment: wasla@wasla.asn.au

| MEMBERSHIP FEES                                                                                                                                                                                                                              |                     |                            |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|------|
| Institutional                                                                                                                                                                                                                                | 2 person membership | \$175.00 (inc. GST)        | \$   |
| Single Institutional                                                                                                                                                                                                                         | 1 person membership | \$110.00 (inc. GST)        | \$   |
| Teacher Librarian / Librarian                                                                                                                                                                                                                | 1 person membership | \$100.00                   | \$   |
| Library Technician                                                                                                                                                                                                                           | 1 person membership | \$80.00                    | \$   |
| Library Officer                                                                                                                                                                                                                              | 1 person membership | \$65.00                    | \$   |
| Other:  Student/Unwaged Retired Parental Leave                                                                                                                                                                                               | 1 person membership | \$50.00                    | \$   |
|                                                                                                                                                                                                                                              | Т                   | otal fee payable (inc GST) | \$   |
| CONTACT DETAILS                                                                                                                                                                                                                              |                     |                            |      |
| Name/contact: Position:                                                                                                                                                                                                                      |                     |                            |      |
| School:                                                                                                                                                                                                                                      |                     |                            |      |
| Postal address:                                                                                                                                                                                                                              |                     |                            |      |
| Phone: Email:                                                                                                                                                                                                                                |                     |                            |      |
| Other memberships  ASLA ALIA                                                                                                                                                                                                                 | CBCA WA             | ACS IASL                   | SLAV |
| Payment Methods                                                                                                                                                                                                                              |                     |                            |      |
| EFT: PREFERED METHOD OF PAYMENT  Account name: WASLA Inc Bank/Branch: Bendigo Bank BSB: 633 000 Account 224 514 984  Please notify and send documentation of your deposit to Barb Lippiatt (WASLA Inc. Executive Officer) wasla@wasla.asn.au |                     |                            |      |
| Cheques: Payable to WASLA Inc. Address: PO Box 1272 WEST PERTH WA 6872                                                                                                                                                                       |                     |                            |      |
| Credit card details                                                                                                                                                                                                                          |                     |                            |      |
| Name on card:                                                                                                                                                                                                                                |                     | Amount: \$                 |      |
| Credit card number:                                                                                                                                                                                                                          |                     | Expiry date:               | 1    |
| CVV: (3 digits on back of card)                                                                                                                                                                                                              |                     |                            |      |
| Card Holder's Signature:                                                                                                                                                                                                                     |                     |                            |      |
| I accept that the typed name represents my electronic signature.                                                                                                                                                                             |                     |                            |      |