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| **Post all forms to:**WASLA Inc. MembershipP O Box 1272 West Perth WA 6872Email: wasla@wasla.asn.au | **WESTERN AUSTRALIAN SCHOOL LIBRARY ASSOCIATION INC.**2020 Membership Form (including renewals)Tax Invoice |
| **A copy of this form must be sent to the Executive Officer along with paymen****t: wasla@wasla.asn.au** |
| **MEMBERSHIP FEES** |  |
|  | Institutional | 2 person membership | $165.00 (inc .GST) | $ |
|  | Institutional (for primary schools & District Highs) | 1 person membership | $99.00 (inc. GST) | $ |
|  | Teacher Librarian/Teacher | 1 person membership | $95.00 | $ |
|  | Library Technician | 1 person membership | $75.00 | $ |
|  | Library Officer | 1 person membership | $60.00 | $ |
|  | Other:* Student/Unwaged
* Retired
* Parental Leave
 | 1 person membership | $50.00 | $ |
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|  |
|  |  | Total fee payable (inc GST)  | $ |
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| **CONTACT DETAILS** |
| Name/contact: |  | Position: |  |
| School: |  |
| Postal address: |  |
| Phone: |  | Email: |  |
|  |
| **Other memberships** |
|  | ASLA |  | ALIA |  | AISWA Libraries |  | ACS |  | IASL |  | CBCA/WA |
| **Payment Methods** |
| **Cheques:** | Payable to WASLA Inc. | **Address:** | PO Box1272 WEST PERTH WA 6872 |
| **EFT:** |
| **Account name:** | WASLA Inc | **Bank/Branch:** | Bankwest | **BSB:** | 306107 | **Account number:** | 4198265 |
| Please notify and send documentation of your deposit to **Barb Lippiatt** (WASLA Inc. Executive Officer) **wasla@wasla.asn.au** |
| **Credit card details** |
| **Name on card:** |  | **Amount:** | $ |
| **Credit card number:** |  |  |  |  |  |  |  |  | **Expiry date:** |  | / |  |
| **Card Holder’s Signature:** |  |
| **I accept that the typed name represents my electronic signature** |

**PRIVACY STATEMENT**

WASLA Inc. has a privacy policy that endorses the Australian Privacy Principles (2014) and the Australian Privacy Act 1998.

**Please note:** *A receipt will be sent to your email address.*