

**Post all forms to:**  
WASLA Inc. Membership  
P O Box 1272 WEST PERTH WA 6872  
Email: [wasla@wasla.asn.au](mailto:wasla@wasla.asn.au)  
ABN 14 788 316 426

**WESTERN AUSTRALIAN SCHOOL LIBRARY ASSOCIATION  
INC.**

2024 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](mailto: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:   | 1 person membership | \$50.00             | \$ |
| <ul style="list-style-type: none"> <li>• Student/Unwaged</li> <li>• Retired</li> <li>• Parental Leave</li> </ul> |                     |                     |    |
| Total fee payable (inc GST)  |                     |                     | \$ |

**CONTACT DETAILS**

Name/contact: \_\_\_\_\_ Position: \_\_\_\_\_  
School: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other memberships**

ASLA     ALIA     AISWA Libraries     ACS     IASL     CBCA/WA

**Payment Methods**

**EFT: PREFERRED METHOD OF PAYMENT**

**Account name:** WASLA Inc    **Bank/Branch:** CommBank    **BSB:** 066132    **Account number:** 11300283

**Please notify and send documentation** of your deposit to **Barb Lippiatt** (WASLA Inc. Executive Officer) [wasla@wasla.asn.au](mailto: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:** \_\_\_\_\_ / \_\_\_\_\_

**CVV:** (3 digits on back of card)

**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.