



THE LEARNING ASSISTANCE PROGRAMME (LAP)

APPLICATION FOR MEMBERSHIP 2007

Please indicate your preferred membership option

SCHOOL MEMBERSHIP (within Australia)

Please print all details

Name of Coordinator _____

Name of School _____

Address of School _____

Tel: _____ Fax: _____ Email: _____

Small School (5 volunteers) \$50

Standard (10 volunteers) \$70

Large (20 volunteers) \$85

Extra Large \$90

Please indicate number of newsletters required _____

Cheque for \$ _____ to cover the membership ticked above

INDIVIDUAL MEMBERSHIP (within Australia)

Name of School _____

Address of School _____

Tel: _____ Fax: _____ Email: _____

Individual Membership \$30

INTERNATIONAL MEMBERSHIP (please print all details)

Name of Coordinator _____

Name of School _____

Address of School _____

Fax: _____ Email: _____

School Membership SAUD100

Please indicate number of newsletters required _____

PAYMENT DETAILS

Please make your cheque payable to The LAP Association Inc and forward to
Glenda Draper, P.O. 304, Bridgewater SA 5155

N.B. This form becomes your official Tax Invoice when completed and returned with your cheque.
All prices quoted include 10% GST.

TAX INVOICE ABN 75 411 200 857

