



**Society for the Provision of Education in Rural Australia Inc**

ABN 28 272 704 401

TAX INVOICE

## **MEMBERSHIP FORM**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

Please indicate the category that best describes you (circle one only)

Teacher

Teacher Educator

Early Childhood Educator

Administrator

TAFE Teacher

Parent

Student

Other \_\_\_\_\_

*(Please Specify)*

Please Circle the appropriate information:

I enclose **\$80.00** (incl GST) being for SPERA Membership until 31/12/2001.

(This fee includes newsletters and two issues of 'Education in Rural Australia'.)

I enclose **\$50.00** (incl GST) being for SPERA student (fulltime) membership until 31/12/2001.

(This fee includes newsletters and two issues of 'Education in Rural Australia'.)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Post to:** SPERA Membership Secretary  
PO Box 379  
DARLING HEIGHTS QLD 4350