



GTASA 2018 Membership

Invoice

ABN: 18 969 238 654 (GTASA is not registered to collect GST)

Please email your completed form to administration@ceasa.asn.au or fax 08 8463 5855

| Individual Membership | | School/Institution | |
|--|---------|--|----------|
| <input type="checkbox"/> Metro Secondary Teacher (7-12) | \$80.00 | <input type="checkbox"/> R-12 / Secondary | \$160.00 |
| <input type="checkbox"/> Country Secondary Teacher (7-12) | \$60.00 | <input type="checkbox"/> R-7 Primary Schools | \$50.00 |
| <input type="checkbox"/> Primary School Teacher (R-6/7) | \$40.00 | <input type="checkbox"/> Other Institutions | \$160.00 |
| <input type="checkbox"/> Early Career Secondary Teacher (<2 Years) | \$40.00 | | |
| <input type="checkbox"/> Retired Teacher/Friends of GTASA | \$20.00 | | |
| <input type="checkbox"/> Pre-Service Teacher | FREE | | |

Name: _____

Email Address: _____

(all future communication will be via email)

School Sector: DECD Catholic Independent

School Information: (ONLY if school/Institution membership)

School Name: _____ Phone: _____

Street: _____ Suburb: _____ Postcode: _____

Individual Information: (ONLY if individual membership)

Street: _____ Suburb: _____ Postcode: _____

Phone: _____

School: _____

University: _____

(pre-service teachers only)

Payment Options: Renewal New Member

EFT
 BSB: 805 007
 A/C: 00777 495
 A/C Name: CEASA Inc
 Reference: (Surname) GTASA

Cheque
 Please post your membership form with the cheque or money order. Payable to GTASA
 C/- CEASA, Lvl 1, EDC, Milner Street, Hindmarsh SA 5007

Credit Card
 Card Type: VISA Master Card

Name on card: _____

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____