



**Talkback**  
Association  
for Aphasia Inc

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Website: [www.aphasia.asn.au](http://www.aphasia.asn.au)

**MEMBERSHIP RENEWAL 2019**  
**TAX INVOICE**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PLEASE TICK**

☐ I have aphasia

☐ I am a Health Professional

☐ I belong to a Talkback group

☐ I am a Speech Pathologist

☐ I am a carer

☐ Other \_\_\_\_\_

**Please send my Newsletter**

☐ by email

☐ by post

**PAYMENT:**

MEMBERSHIP \$20.00 per year \$ \_\_\_\_\_

DONATION *(Donations over \$2.00 are tax deductible)* \$ \_\_\_\_\_

**TOTAL PAYMENT \$ \_\_\_\_\_**

**METHOD OF PAYMENT:**

☐ CHEQUE Please make cheque payable to: Talkback Association for Aphasia Inc

☐ CASH

☐ ELECTRONIC TRANSFER BSB: 105-152 Acc No: 031183340

*(Please include your name in the deposit form and confirm by email to [talkback@aphasia.asn.au](mailto:talkback@aphasia.asn.au))*

**Please include form with payment**

**Office**

Date : \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Membership number: \_\_\_\_\_