



**Association of Speech-Language Pathologists
Federation of Professional Bodies
The Professional Centre
Sliema Rd.
Gzira GZR 1633, MALTA**

Application form for membership in association

Applicant's name _____

Address _____

Telephone Number: home _____ work _____

Mobile _____

E-mail address _____

Membership type (tick as appropriate)

New full member

Student associate member

New member registration (one time) – €12 (Lm 5)

1 year full member – €28 (Lm 12)

Student associate member – €12 (Lm 5)

Signature _____ Date _____

Cheques payable to "Association of Speech-Language Pathologists", and forwarded to Ms. Graziella Debono, 'Tessie', Annunciation Street, Hamrun.

The information provided in this application will be used by the ASLP in accordance with the Data Protection Act 2001. No other disclosures of the information will be made.