



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

Application form for Bank Standing Order

I _____

I.D. No _____

Give my authorization for a standing order for the payment of **€28** (twenty-eight Euros) annually to be effected on (date) **January** _____, to the Association of Speech Language Pathologists.

From: my Bank Account: _____

To: Association of Speech-Language Pathologists` **Bank of Valletta**
Account No. 14911380012.

Signature _____ Date _____

This 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.