



**Membership Application Form (Valid until 31/1/10)**

**Membership remains current for 12 months only (31/01/09 - 31/01/10)**

**Personal Profile**

Title: ..... Family name:.....

Initials: ..... Preferred given name: .....

Home address: .....  
..... Postcode: .....

Home telephone: ( ) ..... Email: .....

Institution: .....

Institution address: .....  
..... Postcode: .....

Institution telephone: ( ) ..... Institution fax: ( ) .....

**Professional Profile**

**Please tick the level(s) you teach**

Primary education       Secondary education       Tertiary education

Please indicate which Languages you are qualified to teach.

French       .....       .....

How many years have you been teaching French? .....

## Membership Categories

**A**  TOFA membership only. (\$45)

**Full (personal members only).** This is the standard membership category. Members receive all the full TOFA benefits, including access online to the TOFA newsletter and website, membership rates at professional development and other activities. This is membership of TOFA only.

**B**  Business - TOFA only: \$20

This category is intended for businesses (other than schools) who would like to receive access online to the TOFA newsletter and discussion forums. No other privileges or benefits are available with this category of membership.

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## Payment Details

I enclose a cheque for \$ ..... for category  (please enter category A< B< in the box)

Please make the cheque payable to TOFA(WA) Inc.

Forward the completed form with correct payment to: TOFA Membership, PO 59, LEEDERVILLE, WA, 6903

Your receipt will be forwarded to you.