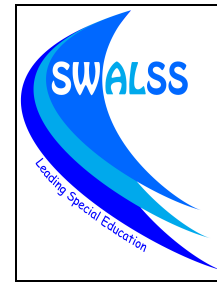


MEMBERSHIP APPLICATION FORM



Contact Name

Establishment Name

Establishment Address

Post Code:

Date:

Telephone:

E-mail:

Please select one of the following:

I enclose a cheque value £95 payable to SWALSS

I require a receipt

Please invoice to the address above

Return the form to:

Issy Johnson
Finance Manager: SWALSS
Baytree School
The Campus
Highland Lane
Weston-super-Mare
North Somerset BS24 7DX
Tel: 01934 427555

The Association for Professionals in Special Education