

NILD-SA MEMBERSHIP FORM
1 JULY 2017-30 JUNE 2018

Please complete this form and email it to Leone at leonej@nildsa.co.za

Section A

All members to complete.

NAME & SURNAME	
MEMBERSHIP NUMBER	

Section B

CONTACT DETAILS

Please complete this section if any of your contact details have changed in the past year.

POSTAL ADDRESS	
CELL NUMBER	
EMAIL ADDRESS	

Section C

Active members to complete.

Please indicate how many students you are currently working with in each of the following categories. Please indicate number of groups and number of students in each group for GET and Rx (e.g. 3 groups – 4 and 5 and 7).

NILD Edu Therapy	
GET	
Rx READING	
SEARCH & TEACH	
Rx MATHS	

Section D

All members to complete

Which Area Support Group do you attend?

Section E

Please be aware that the banking details have changed.

Banking Details:

Account Name: NILD SA NPC

Account Number: 4090921313

Branch code: 632005

Account type: Cheque

Please use your Initial and Surname as Reference for NILD-SA.