
INVOICE IALP AFFILIATED MEMBERSHIP FEE 2016

SBFA

Alameda Jau, 684-70 Andar
Bairro JD Paulista,
Sao Paulo, SP CEP 01420-002
Brazil

Dear Colleagues,

On behalf of the IALP I would like to thank you for considering membership in our global organisation of professionals. Our mission is to raise awareness of the public, advance policy, and foster dissemination of current scientific information and effective practices related to the assessment and management of speech, language, communication and swallowing difficulties.

May I remind you that as an affiliated society of the IALP you will receive the following:

1. Opportunity to collaborate with colleagues throughout the world on matters of interest to the professions.
2. A free subscription to Folia Phoniatica et Logopaedica (6 issues per year) which includes the IALP News.
3. Invitation to send delegates to represent your association at the General Assembly meetings at the triannual congress meetings of the IALP.
4. Invitation to nominate members to serve on the IALP Board.
5. Invitation to submit a bid to host a World Congress of the IALP.
6. Invitation to special programs of the IALP.
7. Members of your society will receive a reduced fee for registration at the Triannual Congress.
8. Listing in the directory of affiliated societies on the IALP webpage at www.ialp.info and all rosters of affiliated members of the IALP.

For the year 2016, a membership fee of EUR 400.00 is due.

You can make your dues payment in two ways:

1. through bank transfer: Should you choose this mechanism, kindly transfer funds to the address below. Please ensure your remittance is free of transfer charges for IALP.

Société de Bank Suisse (UBS)
Place St-François 16
CH-1002 LAUSANNE
Switzerland

IBAN Nr: CH62 0024 3243FS12 2925 0
EUR Account Nr: 0243 - FS-122-925.0 SWIFT-
code: UBSWCHZH80A

2. By credit card (with 5% extra charges)

Should you have any difficulties forwarding your dues payment or have questions about the procedures feel free to contact the IALP Office at (office.ialp.info). Kindly keep the office informed about the changes in your number of members and in your mailing address.

Yours sincerely,



Helen Grech
President

Please return a scanned or printed copy of your payment by email or by post to the IALP Office in order to facilitate administration:

IALP Office
Attn. Ms. Vanessa Borg
32, Flat 1,
Francesco Buhagiar Street
Birkirkara BKR 1154
Malta
E-mail: office@ialp.info

FOR PAYMENTS BY CREDIT CARD

To help cover the cost of collecting credit card payments, your fee will increase by 5% to € 420.00

- Eurocard / Mastercard Visa
- American Express

Card No. _____

CVC * _____

Expiry date _____

Name _____

Address _____

Email address: _____

Date _____ (dd/mm/yy)

Signature _____

Thank You