

Become a member of HTAWA, the association that provides support to history teachers by history teachers!

The HTAWA exists to help teachers of History by providing these membership benefits of:

- Promotion of the interests of Western Australian history teachers at a State and Federal level;
- Professional development workshops related to WA Curriculum: History (P – 10), WACE Modern History and WACE Ancient History;
- Regular HTAWA Bulletins that provide information on upcoming events and issues related to history and the teaching of history;
- Support for teachers of History from experienced History and Society and Environment teachers;
- Access to teaching resources for Australian Curriculum: History, WACE Modern History and WACE Ancient History;
- Support and promotion of the National History Challenge and Simpson Prize;
- An annual Hindsight journal;
- Access to resources promoting the status of History in schools;
- Free entry to HTAWA Student Revision Seminars;
- Access to a catalogue of HTAWA teaching resources at 10% discount on all of HTAWA produced resources;
- A discount of 5% off your entire shopping cart when shopping at www.booktopia.com.au;
- Voting rights at the Annual General Meeting.

To become a member for 2017 simply fill in the subscription form and return it to us with your payment.

2017 SUBSCRIPTION FORM / TAX INVOICE

(All prices include GST.)

MEMBERSHIP TYPE: (please tick)

INDIVIDUAL (\$80) - incl. FREE online Hindsight

PRIMARY

SECONDARY

Printed Hindsight (\$10)

SCHOOL (\$160) - incl. FREE online Hindsight

for two nominated teachers (\$160); additional teachers can be added to school membership at the rate of \$80 per teacher.

Printed Hindsight (\$10)

INSTITUTIONAL/CORPORATE (\$170)

Includes one annual ½ page advertisement supplied as a pdf in the Bulletin, and discount on displays at HTAWA events.

Printed Hindsight (\$10)

NAME: _____
TITLE: _____
SCHOOL: _____
POSTAL ADDRESS: _____
CONTACT PHONE: _____
EMAIL: _____

SCHOOL: _____
POSTAL ADDRESS: _____
NAME 1: _____
CONTACT PHONE: _____
EMAIL: _____
NAME 2: _____
CONTACT PHONE: _____
EMAIL: _____

INSTITUTIONS: _____
CONTACT PERSON: _____
TITLE: _____
CONTACT PHONE: _____
EMAIL: _____
AREA(S) OF INTEREST:
K - 6
7 - 11
11 -12

Please return this form together with payment to:

HTAWA (Inc.)
PO Box 1145, Scarborough, WA 6922
FAX: 08 9204 5112

Or join online at www.htawa.org.au

PAYMENT OPTIONS: (please tick)

Cheque (payable to HTAWA Inc.)

Credit Card \$ _____

Credit Card Authority: Mastercard/Visa

Card Number: _____

Expiry Date: _____ CVC: _____

Cardholder's Name: _____

Signature: _____

Email address for receipt: _____