

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

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

- professional development workshops related to *WACE Modern History and WACE Ancient History*;
- regular HTAWA Bulletins that provide information on upcoming events and issues related to history;
- access to a catalogue of HTAWA teaching resources at 10% discount on all of HTAWA produced resources;
- access to teaching resources for *WACE Modern History and WACE Ancient History*;
- an annual Hindsight journal;
- access to networks of experienced History and Society and Environment teachers;
- support and promotion of the National History Challenge and Simpson Prize;
- free entry to HTAWA Student Revision Seminars;
- access to resources promoting the status of History in schools;
- telephone/email support to new teachers of History;
- promotion of the interests of Western Australian history teachers at a State and Federal level;
- advocacy to the Australian Curriculum for History;
- voting rights at the Annual General Meeting.

To become a member for 2012 simply fill in the subscription form and return it to us with your payment.



2012 SUBSCRIPTION FORM

TAX INVOICE - ABN 59 304 823 680

MEMBERSHIP TYPE: (please tick)

INDIVIDUAL (\$70)

PRIMARY INITIATIVE
(Refer to htawa.org.au for details)

SCHOOL

for two nominated teachers (\$140); additional teachers can be added to school membership at the rate of \$70 per teacher.

INSTITUTIONAL/CORPORATE (\$150)

Includes one annual 1/2 page advertisement supplied as a pdf in the Bulletin, and discount on displays at HTAWA events.

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

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

INSTITUTIONS: _____
CONTACT PERSON: _____
TITLE: _____
CONTACT PHONE: _____
FAX: _____
EMAIL: _____
AREA(S) OF INTEREST:
K - 7
8 - 11
11 -12

Please return this form together with payment to:

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

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: _____