

**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;
- Advocacy to the Australian Curriculum of History;
- Professional development workshops related to Australian 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 to new 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;
- Voting rights at the Annual General Meeting.

**To become a member for 2016 simply fill in the subscription form and return it to us with your payment.**

# 2016 SUBSCRIPTION FORM

TAX INVOICE - ABN 59 304 823 680

**MEMBERSHIP TYPE:** (please tick)

**INDIVIDUAL (\$80)**

**PRIMARY**

**SECONDARY**

**SCHOOL**

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

**INSTITUTIONAL/CORPORATE (\$170)**

Includes one annual ½ 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: \_\_\_\_\_

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