



PERSONAL DETAILS

Title: Mr / Mrs / Ms / Dr / Other
First name:
Middle name:
Last name:
Pref. name:
School name:
School address:
Suburb / Town:
State: Postcode:
School phone:
School fax:
Your email:

Home address:
Suburb / Town:
State: Postcode:
Home phone:
Record No.: TO
DEECD Region:
Mobile phone:
Position/Title:
Date of birth:
VPA T-shirt size: Small Med Large XL

Tick this box if you prefer to receive correspondence at your home address

I hereby apply for Associate membership (Leading Teacher Class) of the Professional Organisation "Victorian Principals Association Incorporated" and I undertake to conform to the rules of the Association.

Signed: Date:

PAYMENT METHODS VPA Associate Class Membership: \$270.40 p.a. or \$10.40 per fortnight. All amounts are inclusive of GST.

- DEECD Payroll Deductions - \$10.40 per fortnight
SmartSalary Packaging - \$10.40 per fortnight
Cheque made payable to Victorian Principals Association - \$270.40 per annum
Credit Card - \$270.40 per annum Visa MasterCard

Credit card no.: Expiry date: Card holder name: Signature:

CREDIT CARD DEDUCTION AUTHORITY TO VICTORIAN PRINCIPALS ASSOCIATION

I hereby authorise deductions of \$270.40 inclusive of GST yearly from my credit card in favour of the VICTORIAN PRINCIPALS ASSOCIATION INC. and I request that the deductions operate from the earliest possible date upon receipt of this authority.

Full name: Signature: Date:

DEECD DEDUCTION AUTHORITY TO VICTORIAN PRINCIPALS ASSOCIATION

School Human Resources Unit, DEECD
GPO Box 4367, Melbourne VIC 3000

I hereby authorise deductions of \$10.40 inclusive of GST fortnightly from my salary in favour of the VICTORIAN PRINCIPALS ASSOCIATION INC. and I request that the deductions operate from the earliest possible date upon receipt of this authority.

Full name: Signature: Date: School name: School no.: Record no.: TO