



PERSONAL DETAILS

Form fields for personal details including Title, First name, Last name, School name, School address, Suburb / Town, State, Postcode, Home address, Home phone, Record No., DEECD Region, Mobile phone, Position/Title, Date of birth, and VPA T-shirt size.

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: \$287.50 p.a. or \$11.06 per fortnight. All amounts are inclusive of GST.

- Payment method options: DEECD Payroll Deductions, SmartSalary Packaging, Cheque made payable to Victorian Principals Association, Electronic Funds Transfer, and Credit Card.

Credit card no.: _____ Expiry date: ____/____/____

Card holder name: _____ Signature: _____

DEECD DEDUCTION AUTHORITY TO VICTORIAN PRINCIPALS ASSOCIATION

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

I hereby authorise deductions of \$11.06 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