



PERSONAL DETAILS

Title:	Mr / Mrs / Ms / Dr / Other _____	Home address:	_____
First name:	_____	Suburb / Town:	_____
Last name:	_____	State:	_____ Postcode: _____
Your email:	_____	Home phone:	_____
Date of birth:	_____	Mobile phone:	_____

I hereby apply for Alumni membership of the Professional Organisation “*Victorian Principals Association Incorporated*” and I undertake to conform to the rules of the Association.

Signed: _____ Date: _____

PAYMENT METHODS VPA Alumni Class Membership: \$95.00 p.a. inclusive of GST.

Cheque made payable to Victorian Principals Association – **\$95.00 per annum**

Credit Card – **\$95.00 per annum** Visa MasterCard

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

Card holder name: _____

Please indicate which version of the Presidents eLetter you would like to receive.

Full weekly eLetter Abridged monthly eLetter