



Tax Invoice for Application for Membership

ABN: 53 483 039 713

PERSONAL DETAILS

Title:	Mr / Mrs / Ms / Dr / Other	Home address:	
First name:		Suburb / Town:	
Last name:		State:	Postcode:
School name:		_	Tick this box if you prefer to receive correspondence at your home address.
School address:		Home phone:	
Suburb / Town:		Record No.:	ТО
State:	Postcode:	PR Level:	Indicate PR level as listed in Payment Methods below.
School phone:		Mobile phone:	
School fax:		Position/Title:	
Your email:		Date of birth:	
Signed:		Date:	<u>_</u>
•PR2-3 \$696 •PR3-5 \$834 • Assistant P	5.00 p.a. or \$26.77 per fortnight PR2-4 \$7		tnight night
	aging - Please contact SmartSalary on 1300		- ,
	ayable to Victorian Principals Association –	-	m as per above levels.
BSB: 063 238	s Transfer - \$ per annum as Account Number: 10021838 Ac our name on the transfer	per above levels. count Name: Victorian Prii	ncipals Association
Credit Card – \$	per annum Visa		
Credit card no.:		Signature:	Expiry date: /
DET DEDUCTIO	N AUTHORITY TO VICTORIAN PR	RINCIPALS ASSOCIAT	TION
School Human Reso GPO Box 4367, Me			
	leductions of \$inclusive of GST C. and I request that the deductions operate		

Click here to email your completed form to our Membership Officer Sue O'Connor soconnor@vpa.org.au Alternatively, mail to: VPA, Unit 2 / 13-21 Vale St, North Melbourne Vic 3051 Tel: 03 8379 4000