



PERSONAL DETAILS

Form fields for personal details including Title, First name, Last name, School name, School address, Suburb / Town, State, Postcode, Home address, Suburb / Town, State, Postcode, Home phone, Record No., PR Level, Mobile phone, Position/Title, Date of birth, School phone, School fax, and Your email.

I hereby apply for Principal Class membership of the Professional Organisation "Victorian Principals Association Incorporated" and I undertake to conform to the rules of the Association.

Signed: _____ Date: _____

N.B. As the VPA is a Professional Organisation your subscriptions may be paid by your school on your behalf.

PAYMENT METHODS VPA Principal Class Membership Rates: All amounts are inclusive of GST.

- PR1-1 \$601.80 p.a. or \$23.15 per fortnight
• PR1-2 \$627.50 p.a. or \$24.13 per fortnight
• PR2-3 \$696.00 p.a. or \$26.77 per fortnight
• PR2-4 \$757.30p.a. or \$29.13 per fortnight
• PR3-5 \$834.00 p.a. or \$32.08 per fortnight
• PR3-6 \$902.75 p.a. or \$34.72 per fortnight
• Assistant Principal I-I \$568.40 p.a. or \$21.86 per fortnight

- DET Payroll Deductions - Please complete section below and indicate fortnightly rate as per above levels.
SmartSalary Packaging - Please contact SmartSalary on 1300 550 056 and indicate fortnightly rate as per above levels.
Electronic Funds Transfer - \$ _____ per annum as per above levels.

BSB: 063 238 Account Number: 10021838 Account Name: Victorian Principals Association
Please include your full name on the transfer

Credit Card - \$ _____ per annum
Type of Card: [] Visa [] MasterCard [] Personal [] School

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

Card holder name: _____ Signature: _____

DET DEDUCTION AUTHORITY TO VICTORIAN PRINCIPALS ASSOCIATION

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

I hereby authorise deductions of \$ _____ 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

Click here to email your completed form to our Membership Officer Sue O'Connor mailto:soconnor@vpa.org.au
Alternatively, mail to: VPA, Unit 2 / 13-21 Vale St, North Melbourne Vic 3051 Tel:03 83794000