



**VASSP**  
Victorian  
Association  
of State  
Secondary  
Principals

## TAX INVOICE

# Application for Associate Membership

ABN: 19 201080 428

### PERSONAL DETAILS

Title:	Mr / Mrs / Ms / Dr / Other _____	Home address:	_____
First name:	_____	Suburb / Town:	_____
Middle name:	_____	State:	_____ Postcode: _____
Last name:	_____	<input type="checkbox"/> Tick this box if you prefer to receive correspondence at your home address	
Pref. name:	_____	Home phone:	_____
School name:	_____	Record No.:	TO _____
School address:	_____	DEECD Region:	_____
Suburb / Town:	_____	Mobile phone:	_____
State:	_____ Postcode: _____	Position/Title:	_____
School phone:	_____	Date of birth:	_____
School fax:	_____		
Your email:	_____		

I hereby apply for Associate membership of the Professional Organisation "Victorian Association of State Secondary Principals" and I undertake to conform to the rules of the Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT METHODS

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

DEECD Payroll Deductions - **\$11.06 per fortnight** (please complete section below).

SmartSalary Packaging - **\$11.06 per fortnight** (please contact SmartSalary on 1300 550 056).

Cheque made payable to VASSP – **\$287.50 per annum**

Credit Card – **\$287.50 per annum**     Visa     MasterCard

Credit card no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Card holder name: \_\_\_\_\_ Signature: \_\_\_\_\_

### DEECD DEDUCTION AUTHORITY TO VICTORIAN ASSOCIATION OF STATE SECONDARY PRINCIPALS

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 ASSOCIATION OF STATE SECONDARY PRINCIPALS 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 \_\_\_\_\_

**Mail or fax to: VASSP, Unit 2 / 13-21 Vale St, North Melbourne Vic 3051 Fax: 03 9326 8147 Tel: 03 9320 7100**  
<http://www.vassp.org.au>