



**Application for Membership Principal Class**

**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.: <u>TO</u>
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 Principal Class 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 Principal Class Membership: \$575.00 p.a. or \$22.12 per fortnight. All amounts are inclusive of GST.

DEECD Payroll Deductions - **\$22.12 per fortnight** (please complete section below).

SmartSalary Packaging - **\$22.12 per fortnight** (please contact SmartSalary on 1300 550 056).

Cheque made payable to VASSP – **\$575.00 per annum**

Credit Card – **\$575.00 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 \$22.12 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