



VASSP
 Victorian
 Association
 of State
 Secondary
 Principals

TAX INVOICE

Application for Membership Principal Class

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 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 _____