



APPLICATION & TAX INVOICE FOR MEMBERSHIP

PO Box 651, Altona, Victoria, 3018

APPLICATION FOR MEMBERSHIP THE ASSOCIATION OF BUSINESS MANAGERS IN VICTORIAN STATE SCHOOLS INC

APPLICATION & TAX INVOICE - ABN: 38 015 782 656 (Membership is from January 1st – December 31st each year)

I, ..... (full name of applicant)

of .....PostCode ..... (Address - private)

..... (Email Address – edumail preferred)

(School/College).....Student Enrolment.....

(School address).....PostCode.....

(School Phone Number): ..... (School Fax Number): .....

hereby apply to become a member of the Association of Business Managers in Victorian State Schools Inc.

Describe your Management Role:

.....

Position: ..... ES Classification:..... Region:.....

If Relief Position - Term of Employment:.....

..... Signature of Applicant

..... Date

Subject to Committee approval, the Association shall grant membership to any person, who is responsible for the business, administration, finance or personnel management in a Victorian Government School, including a person in a relief position for at least twelve months (see Rule 3 – Membership – ABMVSS Constitution for further information). Memberships belong to the person nominated, not the school

I,..... being a current member of the Association, nominate the applicant, who is personally known to me, for membership of the Association and confirm that the role is as described above.

..... (Signature of Proposer)

..... (School/College)

..... (Date)

Subscription Fee MUST BE forwarded with application. \$110 GST inc

Please forward this Application/Tax Invoice to the ABMVSS Office at the above address.

DIRECT DEPOSIT: ABMVSS General BSB: 803 140 ACCOUNT NUMBER: 23187942

Please check Bank Account Details and Address details before sending your payment