



Office use only Membership No: _____

2011 Application for Renewal of Membership

TAX INVOICE – ABN: 33 867 558 589

Note: All prices include GST

Full Membership	\$44.00	Open to permanent, temporary and casual (full time or part time) SASS
Associate Membership	\$33.00	Open to former Full or Associate members who have retired or left the service of the DET <i>(Associate members do not have voting rights nor are they eligible for Accreditation)</i>

Both membership types receive a personal email of all SASSPA’s publications including Netlink and an entitlement to a 50% discount at SASSPA events

Full members are also eligible to take part in the SASSPA Accreditation Scheme; eligible to apply for SASSPA Educational Scholarships as well as eligible to stand for election to SASSPA State TEAM.

2010 M’ship No:.....**Ms/Mrs/Mr: Surname**.....**Given Names**
(Please circle one)

Home Address:

..... **Postcode:**.....

Home Phone..... **Mobile**.....

DET Email Address: @det.nsw.edu.au

School :

School Phone **School Fax**

Region: **Employment status:** Permanent / Casual (Circle One)

Your employment title and work area: e.g. SAM, SAO, SSO, Admin Library, TAS, Sci, GA or if you are presently on secondment please list your substantive position as well as your seconded position and place of work.

Those applying for Associate Membership renewal should list their current occupation e.g.: retired SASS / Principal / Deputy or Assistant Principal or Head Teacher / Regional Office employee / Seconded to a DET Department or other government department or organisation

I confirm my employment status entitles me to renew my _____ membership type.

I enclose my cheque for the sum \$_____ being the appropriate membership fee.

I also confirm:

My commitment to the aims and objectives of SASSPA

I will not knowingly bring SASSPA into disrepute

I will in no way breach the confidentiality of SASSPA

I agree to abide by the Rules and By-laws of SASSPA

My understanding is that SASSPA is a professional association and non-industrial

Signature of applicant for renewal of membership:

Post completed form with payment made payable to **SASSPA** to
Debra Goyen, SASSPA State Treasurer, PO Box 1927, KINGSCLIFF, NSW 2487

Information contained on this form is confidential and will only be accessed by SASSPA State team members for the purpose of distribution of SASSPA publications and conference information. SASSPA reserves the right to include for publication in Netlink or our website photographs that may be taken at any SASSPA functions or events.