



MEMBERSHIP APPLICATION FORM

Applicant Information

Name:

Position:

School:

Banding:

Region:

Telephone:

Email:

Membership Level: (Please tick one)

- Full Membership
- Associate Membership
- Affiliate Membership

Payroll Deduction: (QSPA - HED No. 801)

I authorise the Department of Education to pay per fortnight to Queensland Secondary Principals Association (QSPA) being my individual membership of the Association.

Name:

Payroll Number:

Signature:

Date:

Please email completed form to QSPA Executive Assistant, Nicky Toumpas
admin@qspa.org.au