

 Registered No A0026933K

**APPLICATION FOR MEMBERSHIP**

**Membership is from 1st January – 31st December 2019**

**APPLICATION & TAX INVOICE -** ABN: 38 015 782 656 (Registered No A0026933K)

 **PO Box 651, Altona, Victoria, 3018**

**Ph: 9398 4998 Website: https://bmv.org.au**

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

of (private address) ........................................................................................................................................................

PostCode ....................... Mobile Phone ........................................................

Email Address …………………………………..…………………………………………………………………………….…….

Name of School/College .................................................................................................…………………….…………..

School address.................................................................................................................................................................

PostCode……….……..…… (School Phone Number): ……………………..……………………

**hereby apply to become a member of Business Managers Victoria Inc.**

Describe your Management Role: ……………………………………………………………………………………………

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

If relief position ……………… …………………………………………….. ………………………………

Term of Employment **Signature of Applicant Date**

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| Subject to Committee approval, BMV shall grant membership to any person, including a person in a relief position for at least 12 months, who is responsible for business management, finance or personnel in a Government Primary, Secondary or special School (see Rule 3 – Membership BMV Constitution for further information). Memberships belong to the person nominated, not the school. |

I,.................................................................. being a current member of the Association, nominate the applicant for BMV membership and confirm that the role is as described above.

............................................................ ............................................................ .................................. (Signature of Proposer) (School/College) (Date)

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| **PAYMENT DETAILS**   |    | **OFFICE USE ONLY**   |
|  Subscription Fee of **$143.00** GST incpaid by Direct Deposit to **:****BMV General BSB: 313 140 Account Number: 23187942**1. *Please check you are paying into the correct BMV A/C and include your school name in the payment description to identify your payment.*
2. Please email form to: healy.sonia.s@edumail.vic.gov.au or fax to 9398 2576

  | MYOB  |   |
| DL  |   |
| EXC  |   |
| KIT  |   |
| WEB  |  |