

PLEASE **SAVE AS UPON COMPLETING THIS FORM AND
SUBMIT BOTH PAGES TO ACHPER@ACHPER.VIC.EDU.AU**

Contact Information (*denotes compulsory fields)

Title First Name Surname

Year of birth Email address

*Please note all applications require a valid email address

Home Address

Street/PO Box

Suburb State Postcode

Home Phone (optional) Mobile Phone

Employment/Study

Year of Graduation Place of Employment/Study

Job Title

School/Organisation Postal Address

Street/PO Box

Suburb State Postcode

Business Phone Fax Number

Role (tick all that apply)

- Principal Class Classroom Teacher Specialist Teacher
 Leadership/Coordinator Education Officer Lecturer Other

Teaching Level/s (tick all that apply)

- Primary (F-6) Secondary (7-10) VCE
 Tertiary I am a Pre-Service Teacher Other

Area of Focus (tick all that apply)

- Physical Education Health Education Outdoor Education
 Sport Education Sport Coaching Health Promotion
 Community Fitness Recreation/Physical Activity Exercise/Sport Science

Branch – please tick which branch you wish to be aligned with:

- Australian Capital Territory New South Wales Northern Territory Queensland
 South Australia Tasmania Victoria Western Australia

Please tell us which of the following communication methods you find most useful:

- Email Social Media Postal Mail SMS Member Only Events

For your convenience, you will be automatically subscribed to communications related to your teaching levels and area of focus. You may login to your account to adjust your subscription preferences at anytime.

Membership Categories and Fees (includes GST)

Full Membership \$ 140
Open to teachers and other professionals working in the education, sport, physical activity and health sectors.

Retired Membership \$ 70
Open to persons who are retired/no longer working in the profession and wish to continue their support for ACHPER and remain connected with the community.

Student Membership** \$ FREE
Open to currently enrolled students in post-secondary institutions in any area of education, sport, physical activity or health promotion. ****Students - please attach a copy of your student card or enrolment confirmation**

Payment Details for FULL and RETIRED Membership (not applicable to STUDENT Membership)

Amount Payable: \$ _____

Payment is available via credit card using one of our automated payment options or via school purchase order. Please select from one of the following payment options:

- School Purchase Order Number _____
- Monthly Automatic Renewal (FULL MEMBER: \$12 per month, RETIRED MEMBER: \$6 per month)
- Annual Automatic Renewal

Credit Card Type Visa Mastercard

Card Number _____ / _____ / _____ / _____ Expiry Date _____ / _____ CW _____

Cardholder Name _____ Signature _____

NB: Membership does not become active until full payment has been received. Please allow one week for processing applications. Membership fees are non-refundable. Automatic payments can be cancelled at any time online or via email to achper@achper.vic.edu.au. A tax invoice or receipt will be issued by ACHPER Victoria and forwarded to your designated email address. Visit our website for [Membership terms and conditions](#).

Please email the completed form to:
achper@achper.vic.edu.au
For any queries please contact 03 9274 8900