

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)

- | | | |
|-------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Principal Class | <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Specialist Teacher |
| <input type="checkbox"/> Leadership/Coordinator | <input type="checkbox"/> Education Officer | <input type="checkbox"/> Lecturer <input type="checkbox"/> Other |

Teaching Level/s (tick all that apply)

- | | | |
|----------------------------------------|-----------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Primary (F-6) | <input type="checkbox"/> Secondary (7-10) | <input type="checkbox"/> VCE |
| <input type="checkbox"/> Tertiary | <input type="checkbox"/> I am a Pre-Service Teacher | <input type="checkbox"/> Other |

Area of Focus (tick all that apply)

- | | | |
|---------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Health Education | <input type="checkbox"/> Outdoor Education |
| <input type="checkbox"/> Sport Education | <input type="checkbox"/> Sport Coaching | <input type="checkbox"/> Health Promotion |
| <input type="checkbox"/> Community Fitness | <input type="checkbox"/> Recreation/Physical Activity | <input type="checkbox"/> Exercise/Sport Science |

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

- | | | | |
|-------------------------------------------------------|------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> New South Wales | <input type="checkbox"/> Northern Territory | <input type="checkbox"/> Queensland |
| <input type="checkbox"/> South Australia | <input type="checkbox"/> Tasmania | <input type="checkbox"/> Victoria | <input type="checkbox"/> 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 return completed form to:
GPO Box 412 Melbourne VIC 3001 or email to
achper@achper.vic.edu.au
For any queries please contact 03 9274 8900