www.vicpsych.org.au
Student Membership Application Form

APPLICATION FOR STUDENT MEMBERSHIP OF VPA INC – 2011-2012

Surname..... **Given Names**.....

Gender **Female** ☐ **Male** ☐

Residential/Postal Address.....

Telephone (Hm)..... **(Mobile)**..... **(Fax)**.....

E-mail Address.....

University where enrolled ..... Course .....

Current Qualifications .....

Registration Number.....**Are You – Fully Registered** ☐ **Provisionally registered** ☐

*** Remember to contact us when you cease to be a student to ensure cover as a working registered psychologist**

Signature.....**Date**.....

TAX INVOICE

Student Subscription to VPA Inc **$ 28.30 (incl GST)**

I am paying by: **Cheque** ☐ ☐ **Credit Card** ☐ **Electronic Funds Transfer*** ☐ ☐

*** Please contact the VPA Inc office for BSB and Account details if paying by EFT (tel 9623 9625)**

IF PAYING BY CREDIT CARD COMPLETE AND SIGN SECTION BELOW

Please debit my **MasterCard** ☐ **Visa Card** ☐

Number..... **Amount $28.30** **Expiry Date**.....

Signature..... **Date**.....

Authorised by Rosemary Kelly, Executive Officer, Level 1, 62 Lygon Street, Carlton South
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