

# ASBA (SA & NT) Application for Membership

By completing the form below, I hereby apply for membership of the Association of School Business Administrators (SA & NT), and agree to accept and comply with the Constitution of the Association.

**Full Name** \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_ FTE \_\_\_\_\_

**School** \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Duties and Responsibilities (personally undertake or are responsible for):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting and Financial | <input type="checkbox"/> Administration Office | <input type="checkbox"/> Admissions             |
| <input type="checkbox"/> General Administration   | <input type="checkbox"/> Human Resources       | <input type="checkbox"/> ICT                    |
| <input type="checkbox"/> Marketing                | <input type="checkbox"/> Master Planning       | <input type="checkbox"/> Payroll                |
| <input type="checkbox"/> Property Management      | <input type="checkbox"/> Risk Management       | <input type="checkbox"/> Strategic Planning     |
| <input type="checkbox"/> Secretary to the Board   | <input type="checkbox"/> Trading - Cafe        | <input type="checkbox"/> Trading – Uniform Shop |
| <input type="checkbox"/> Other _____              |  |   |

**Professional Associations, Qualifications and Memberships:**

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Practising Accountants (CPA)    | <input type="checkbox"/> Governance Institute of Australia (GIA) |
| <input type="checkbox"/> Institute of Chartered Accountants (ICAA) | <input type="checkbox"/> Institute of Public Accountants (IPA)   |
| <input type="checkbox"/> Other _____                               |  |
| <input type="checkbox"/> Bachelor’s Degree                         | _____  |
| <input type="checkbox"/> Postgraduate                              | _____  |
| <input type="checkbox"/> MBA or Equivalent                         | _____  |
| <input type="checkbox"/> Other                                     | _____  |

If you are new to the Non-Government Education Sector, what industry were you previously employed in?

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return the signed form to:**

Alice Hamilton, Executive Support Officer, ASBA (SA & NT), officeSANT@asba.asn.au

**OFFICE USE:**

Date Received	_____	Committee Approval	_____
Advised ASBA	_____	Applicant Notified	_____
Membership	_____	Distribution Group	_____