



PO Box 346 Burwood 3125 • Tel 9808 2499 • Fax 9808 2199  
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# Governance Manual Order Form

School \_\_\_\_\_

Principal \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Tel \_\_\_\_\_

Em \_\_\_\_\_

Member Yes / No *(please circle)*

Cost	Members	\$150.00 <i>inc GST</i>
	Non Members	\$195.00 <i>inc GST</i>
	Postage	\$ 9.95 <i>per copy</i>

Copies \_\_\_\_\_

Sub Total \$

GST \$

Postage \$

**Total \$**

Please make cheque payable to: **Association of School Councils in Victoria** and allow 10 days for delivery.

**Taxation Invoice**  
**ABN # 28 121 972 364**

GM #	_____
School	_____
Paid \$	_____ Mem Y / N
Delivered/Sent	___/___/___