



MEMBERSHIP FORM UPDATE 2007/2008

Name of School _____

Contact Person _____

Address for correspondence

Telephone _____ Mobile _____

Fax _____

Email _____

Website _____

ABN _____

Language taught _____ Levels offered _____

Number of Locations:

| Campus | No. of Students | Day | Region |
|--------|-----------------|-----|--------|
| | | | |
| | | | |
| | | | |
| | | | |

If more space required write on the back of this sheet

We require this information for Insurance purposes

Do you offer VCE? YES NO If Yes, number of student enrolled in 2007

If you own your school premise, how much your annual estimated cost of upkeep
\$ _____

If you rent your school premises, how much your estimated Rental Cost
\$ _____

Total number of rooms used _____

Total number of students _____ Total number of teachers _____

| No. of teachers with Australian qualification | No. of teachers with overseas qualification | No. of teachers who have undertaken ESAV training courses | No. of teachers without qualification |
|---|---|---|---------------------------------------|
| | | | |

Do you have a Parents Association / School Council? YES NO

Do you agree to have your school information published on the ESAV Website or any other publication? YES NO

Do you authorise ESAV to release your school details? YES NO

Please sign, print name and provide position held

Date _____ Sign _____

Print Name _____ Position Held _____

Membership Fees (\$30.00 a year)