

P&C Membership Form

(Confidential: for Office Bearer eyes only)

Please return to the Secretary

I, (insert name) *

Contact address *

(either email or residential or PO Box address)

Phone (optional) Mobile (optional)

Wish to become a financial member of P&C Association

on (insert date) *

Please send minutes and notice of meeting via (please tick preferred option)

☐ Email ☐ With my child (name) (room number) ☐ Posted

I understand that my membership is current until the next AGM and that by joining the P&C I agree to abide by the Rules of the Association.

Signed (member)

Secretary Use Only:

Fee paid: Signed (Secretary)

* These details are required and must be recorded in the official **Register of Members**



To be returned to member:

Membership Receipt

Received from (members name)

Amount (membership fee)

Being Annual Membership for the P&C Association

Signed (Secretary)

Date