

SHEOAK GROVE PRIMARY SCHOOL Parents & Citizens' Association Incorporated

P&C MEMBERSHIP FORM				
ı,				(your name),
Of				
				(your address)
Phone Mobile				()04. 444.635)
Email	Shooal	Crove Prin	nary School	DR C Association Inc
wish to become a financial member of by paying the annual membership fee of \$1.00	Sileoar	C GIOVE I III	nary school	P&C Association Inc.
Payments can be made by <u>cash</u> or <u>bank tr</u>	ansfer to:	Bank: BSB: ACC: REF:	NAB 086-479 979 125 505 Membership SURN.	AME
☐ I understand that my annual membership is current until the next AGM				
I agree to abide by the P&C Constitution (Association rules) and P&C Code of	Conduct			
Signed:				(Member)
SECRETARY'S USE ONLY:				
Signed:				(P&C Secretary)
Date:				
(For the member's re				*
	,			
Received From:				(Members Name)
Amount Paid:				(Membership Fee)
Being Annual Membership Fee of:				(P&C Association Inc.)
Signed:				(P&C Secretary)

Date: