

NEW COMPANY MEMBERSHIP APPLICATION 2017
 of
ST PAUL'S ANGLICAN GRAMMAR SCHOOL LIMITED

I _____
 (full name of applicant)

of _____
 (address)

_____ (email address)

HEREBY make application for membership of:
ST PAUL'S ANGLICAN GRAMMAR SCHOOL LIMITED

Application Fee: \$20.00

AS A: Ordinary Member

Please tick the boxes which apply to you

- (a) A parent or guardian of a student enrolled at the School
- (b) A person with whom a student enrolled at the School permanently resides
- (c) An employee of the Company; and
- (d) None of the above.

OR B: Alumni Member

(Please specify your former name, if applicable and the years in which you attended the School

From (Year) _____ To (Year) _____

DATED this _____ day of _____ 2017.

 (Signature of Applicant)

Please tick your method of payment:

- Direct Deposit BSB 033 262 Account 190554 Ref: Surname
- Cheque made payable to St Paul's Anglican Grammar School
- Credit Card – complete details below

___ MasterCard ___ Visa

Card#: - - -

Expiry Date: _____ / _____ **Amount:** _____

Cardholder Name: _____

Signature: _____