

**COMPANY MEMBERSHIP RENEWAL 2020**  
 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)

Former Name (if applicable) \_\_\_\_\_

From (Year) \_\_\_\_\_ To (Year) \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
 (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:** \_\_\_\_\_