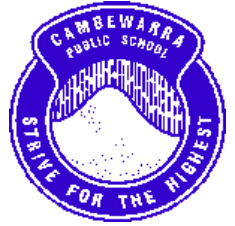




CAMBEWARRA PUBLIC SCHOOL PARENTS AND CITIZENS' ASSOCIATION



Kalinga Street, CAMBEWARRA 2540 Ph: 4446 0038 Fax: 4446 0515

2019 MEMBERSHIP FORM

FIRST NAME:	SURNAME:	
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE 1:	PHONE 2:	
EMAIL:		

I am a Cambewarra Public School *(please choose a category)*

Parent / Caregiver DET Staff Member

An interested citizen residing within the Cambewarra Public School local district

Are you able to volunteer or do you have any special skills/talents you can offer the P&C if requested? Y / N
If yes, please specify:

I hereby apply for Membership of Cambewarra Public School Parents and Citizen's Association. I have read and agree to be bound by the Constitution, Rules and By-Laws of the Association. I am aware that these documents are available on the Cambewarra Public School website should I need to refer back to them.

The Annual Membership Fee of \$2.00 is payable with this application and entitles you to full voting rights. Should you choose not to pay the membership fee, you can still participate as an observer but not vote or hold office.

Please return this form along with your \$2.00 fee to the P&C Treasurer or Secretary to confirm your membership.

PRINT NAME:	SIGNATURE:	DATE:
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P&C ADMINISTRATIVE USE ONLY

\$2.00 FEE PAID <input type="checkbox"/>	RECEIPT NO. ISSUED:
CONTACT LIST UPDATED <input type="checkbox"/>	ADDED TO MEMBER DATABASE <input type="checkbox"/>
SECRETARY SIGNATURE:	DATE: