



P&C MEMBERSHIP FORM

Please return to the school

I, (your name),

Of (your address)

Phone Mobile

Email

wish to become a financial member of P&C Association Inc. by paying the annual membership fee of \$1:00

☐ 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:

Fee paid:

Signed (Secretary)

Date:

Receipt Number:

(For the member's records)

2027 P&C MEMBERSHIP RECEIPT



Received from (members name)

Amount paid (membership fee)

Being Annual Membership fee of P&C Association Inc.

Signed (Secretary on behalf of Treasurer)

Date

Receipt Number:

