

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

_____ P/code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

E-mail: _____ Occupation: _____

I hereby apply for membership of the Canberra Montessori Society Inc.

Annual Membership is \$120 - Inclusive of GST (Pro-rata from 1st July \$60.00)

Note: 1. Membership is to be renewed annually at the beginning of each school year.

2. Your child's name will only be placed on the Waiting List for Long Day Care, Parent Toddler Program or School when the Membership fees are paid in full.

Enclosed Amount: \$ _____ Signature: _____

Date: _____

Please pay by EFTPOS (at office) or Direct Deposit. Direct deposit details are Canberra Montessori Society Inc., BSB 032729, A/C No: 288690 with your SURNAME as reference.

Please indicate if you have skills/experience, which would enable you to assist with the work of the Society in the following areas:

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Design/Graphics | <input type="checkbox"/> Computing | <input type="checkbox"/> Planning | <input type="checkbox"/> Building |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Library work | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Legal matters |
| <input type="checkbox"/> Accounting/finance | <input type="checkbox"/> Public relations | <input type="checkbox"/> Other _____ | |

Please indicate below which programs you have applied for:

- ☐ PTP ☐ Cycle 1 ☐ Cycle 2 ☐ Cycle 3 ☐ Long Day Care

Student's name: _____ M / F DOB: _____ / _____ / _____

Other Parent/Guardian name: _____

OFFICE USE ONLY

Date Initial M'ship Paid: _____ Family Key: _____

B-Pay ref: _____

- ☐ Admin ☐ Finance ☐ Pack sent _____ / _____ / _____ ☐ Email ☐ R/B ☐ File