

## 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 \$60.00 (Inclusive of GST). (Pro-rata from 1st July \$30.00)

- 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 the Parent Toddler Programme or School when both the Membership and Application fees are paid in full.

Enclosed Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please pay by cash, cheque or money order.

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 _____ |  |

Send to: Enrolments, Canberra Montessori School, 35 Mulley Street, Holder ACT 2611

### OFFICE USE ONLY

PTP  Cycle 1  Cycle 2  Cycle 3

Student's name: \_\_\_\_\_ M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Parent/Guardian name: \_\_\_\_\_

Date Initial M'ship Paid: \_\_\_\_\_ M'ship Invoiced: \_\_\_\_\_ Invoice no: \_\_\_\_\_

B-Pay ref: \_\_\_\_\_

Admin  Finance  Pack sent \_\_\_\_/\_\_\_\_/\_\_\_\_  Email  R/B  File