

NEW COMPANY MEMBERSHIP APPLICATION 2024 of ST PAUL'S ANGLICAN GRAMMAR SCHOOL LIMITED

1					
		(full name of applicant)			
of		(addraga)			
		(address)			
	(email address) HEREBY make application for membership of:				
	ST PA	ST PAUL'S ANGLICAN GRAMMAR SCHOOL LIMITED			
	Appli	cation 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			
Form	er Name	e (if applicable)			
From	(Year)	To (Year)		
DATE	ED this _		_ day of	2024.	
(Sign	ature of	Applicant)			
Pleas	se tick	your method of payment:			
	Direct Deposit BSB 033 262 Account 190554 Ref: CM/Full Name				
	Cheque made payable to St Paul's Anglican Grammar School				
		Credit Card payments accepted via telephone on 5623 5833 or attending in person a Reception			