

# St Peter's Woodlands Old Scholars' Association Membership Application



Family name \_\_\_\_\_

Given names \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Former name \_\_\_\_\_

At school from \_\_\_\_\_ to \_\_\_\_\_

If admitted as a member, I agree to be bound by the constitution and bylaws of the Association

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 years old, please have your parent/guardian sign:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Send the completed form, with your membership payment to:

The Secretary  
St Peter's Woodlands Old Scholars' Association  
39 Partridge Street, Glenelg SA 5045

Or EFT payment to:  
St Peter's Woodlands Old Scholars' Association  
BSB 015250 Account Number 4056 34781  
Type in first name, last name & return this form to the Secretary at the above address

Type of membership: (tick one)

Life member  
\$100 (once only)

Annual member  
\$25 (every year)

Associate member  
\$20 (every year)