



### School Membership Application

(1<sup>st</sup> April – 31<sup>st</sup> March)

Full membership is \$55.00 which also allows school staff to attend CAGCY events as members.

School: .....

Contact 1: .....

First Name

Last Name

Contact 2: .....

First Name

Last Name

Contact Telephone 1: (Work)..... (Mobile) .....

Contact Telephone 2: (Work)..... (Mobile) .....

Postal Address: .....

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E-mail Address 1: .....

E-mail Address 2: .....

Comments : .....

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Is there any skill / area you may be able to assist the Association with? .....

Every member has the right to view and correct any membership details held by the CAGCY.

I / We agree to abide by the Constitution of the CAGCY, abide by the Privacy Act 1993 and treat any information that may be learned about members and their children as confidential.

Membership fee enclosed \$ .....

Signature: ..... Date: ...../...../.....

Signature: ..... Date: ...../...../.....