



MEMBERSHIP APPLICATION FORM

PREFERRED TITLE: Mrs/Ms/Mr/Dr or other

SURNAME:.....nee.....

FIRST NAME/S:.....

POSTAL

ADDRESS:.....

YOUR DATE OF BIRTH.....**OCCUPATION**.....

PHONE:(hm).....(wk).....**FAX**.....

MOBILE:.....**EMAIL**.....

MEMBERSHIP CATEGORY APPLIED FOR: (Please cross out those which **do not** apply to you)

1. Former pupil of Hill Top School.
(Please advise the approximate years attended)until
2. Present pupil of Hill Top School.
3. Parent of former pupil or current pupil of Hill Top School.
4. Grandparent of former pupil or current pupil of Hill Top School
5. Staff member or former staff member of Hill Top School
6. Principal or former Principal of Hill Top School.
7. Employee or former employee of Hill Top School.
8. Interested supporter of Hill Top School

YOUR SIGNATURE:.....**DATE**.....

Please return the completed form to: Friends of Hill Top School Association, P.O. Box 19-196, Avondale with your application fee of \$20-00.