



Caboolture Montessori School P & F Assoc. Inc.

APPLICATION FOR ORDINARY MEMBERSHIP OF P&F ASSOCIATION

I, _____
Full Name of Applicant

of _____
Full address of Applicant

Email _____
Applicant's Email

Phone _____
Applicant's best contact number

hereby apply for ordinary membership of the Caboolture Montessori School Parents and Friends Association Inc. (**P&F Association**). I:

1. confirm I am a parent or carer of a child currently enrolled at Caboolture Montessori School (**CMS**);
2. acknowledge my details provided above will be contained in the Register of Members which may from time to time be inspected by members of the P&F Association;
3. acknowledge as at the date of my application, the P&F Association does not have public liability insurance; and
4. acknowledge membership will continue until I resign or my child ceases to be enrolled at CMS.

Upon payment of the one-off \$2.00 membership fee and acceptance by the Management Committee, I agree to abide by the Constitution of the P&F Association and any subsequent Management Committee endorsed by-laws or policies.

Signed _____
Signature of Applicant

Date _____
Date of Application

I, _____
Name of Proposer

as a current member of the P&F Association propose acceptance of the Applicant for membership of the P&F Association.

I, _____
Name of Seconder

as a current member of the P&F Association second the proposal for acceptance of the Applicant for membership of the P&F Association.

Office Use Only

Paid \$2.00 Membership Fee Y/N _____ Date _____ Receipt No. _____

The Management Committee of the P&F Association accepts / rejects this application for membership of the P&F Association.

Signed _____ Name _____ Position _____ Date ____/____/____