

Earlwood Public School P&C Association

Membership Form 2024 (ESPA)

(Please return to espa.pandc@gmail.com, to an ESPA Executive or your class teacher)

Full name: _____ (please print clearly)

Parent of _____ (child's name) in _____ (class)

Parent of _____ (child's name) in _____ (class)

Parent of _____ (child's name) in _____ (class)

Address _____

Postcode: _____

Mobile _____

Email _____

I wish to become a financial member of Earlwood Public School P&C association (ESPA) by paying the annual **membership fee of \$2 for 2024**. I consent to receiving the meeting minutes, agenda and other ESPA correspondence via email.

I understand that my membership is current for 12 months until the following Annual General Meeting and by joining ESPA I agree to abide by the P&C Constitution and Rules of the Association including treating others with courtesy, respect, dignity and fairness and respecting personal privacy meaning all information obtained as a P&C representative must be considered confidential and treated accordingly. Any discrimination against any person will not be tolerated.

We'd like to know more about you. Do you have special skills, or do you run a business that can assist in our fundraising efforts? Please provide details here: _____

Signed _____ (Member) Date _____

Fee can be paid in cash to an executive member or via direct deposit to the following account:

Earlwood School Parents Association (ESPA)

BSB 062-159 Acct 10056853 (Please include full name)

Direct deposit receipt number: _____

A receipt will be issued on receipt of funds.

ADMIN USE ONLY

FEE PAID: **\$2** Signed _____ (ESPA executive)

RECEIPT FOR ESPA MEMBERSHIP 2024