



Application for Membership of
St. Paul's Milagiriya Past Pupils Association –NSW Inc
ABN: 48196059563

I _____
[full name of applicant]
of _____
[address]

Email address: _____

Contact Phone Number: _____

hereby apply to become a member of the
St. Paul's Milagiriya Past Pupils Association – NSW

In the event of my admission as a member, I agree to be bound by the constitution of
the association for the time being in force.

Signature of applicant

Date

Please email the completed form to secretary@spmppansw.org and a confirmation email will be sent to you. All personal information will be kept confidential.

The payment details for the annual subscription of \$25 will be sent to you following the approval of your membership application.

If you have any queries, please contact the Vice President, Antoinette on 0414 976 010.

For Office Use Only

Application Approved Yes/No Date

Annual Subscription Paid Yes/No Date

Membership Effective From Date

Name and Signature of Secretary

Introduced by