



## 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@smpmpansw.org](mailto:secretary@smpmpansw.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 Antoinette Vander Straaten on mobile no. 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      \_\_\_\_\_

## St. Paul's Milagiriya Past Pupils Association – NSW Inc.

ABN 48 196 059 563

### Appointment of Proxy – Annual General Meeting

**DATE**

I, \_\_\_\_\_  
(Full Name)

of \_\_\_\_\_  
(Address)

being a member of St. Paul's Milagiriya Past Pupils Association – NSW Inc. hereby appoint

\_\_\_\_\_  
(Full Name of Proxy)

of \_\_\_\_\_  
(Address)

being a member of that incorporated association, as my proxy to vote on my behalf at the Annual General Meeting of the association to be held on **Date** and at any adjournment of that meeting.

My Proxy is authorized to vote in favour or against all below resolutions.

Amendments to the Constitution of St. Paul's Milagiriya Past Pupils Association - NSW Inc.

Resolution re: Clause/s	Description	Favour	Against	Abstain

\_\_\_\_\_  
Signature of Member appointing proxy

\_\_\_\_\_  
Date

Email : [secretary@smpppansw.org](mailto:secretary@smpppansw.org);