

**MORIAH WAR MEMORIAL COLLEGE ASSOCIATION  
and  
THE MORIAH WAR MEMORIAL JEWISH COLLEGE ASSOCIATION LIMITED**

**APPLICATION FOR MEMBERSHIP BY CURRENT PARENT/GUARDIAN**

(Please complete a **separate form for each** member of the family for whom membership is desired)

<b>I (Prof/Dr/Mr/Mrs/Miss/Ms):</b> (BLOCK LETTERS)		
<b>of (Private Address):</b>	<b>Post Code</b>	
<b>Telephone:</b>	<b>Private:</b>	
	<b>Business:</b>	
	<b>Mobile:</b>	
<b>E-mail:</b>		
<b>Names and school year(s) of children currently at the College:</b>		
<b>Occupation:</b>		

hereby apply to be admitted as a Member of Moriah War Memorial College Association and The Moriah War Memorial Jewish College Association Limited ("Associations"). I am a parent/guardian of a child currently attending a School of the Associations. If this application is accepted by the Board of Directors, I agree to have my name entered in the Register of Members of the Associations and to pay the annual subscription upon my no longer being a parent/guardian of a child attending a School of the Associations, if I wish to continue as a Member of the Associations from that time

**Dated this.....day of.....2019**

**Signature.....**

**Note:** An applicant for membership who is a parent and/or guardian of a pupil of a School of the Associations shall become a Member of the Associations upon the date of acceptance of his/her application, by the Board of Directors.