

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

**APPLICATION FOR FINANCIAL MEMBERSHIP**

**(for those who are not a 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><br><b>(BLOCK LETTERS)</b> |                  |                   |
| <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>Occupation:</b>   |                  |                   |

hereby apply to be admitted as a Financial Member of Moriah War Memorial College Association and The Moriah War Memorial Jewish College Association Limited. **I enclose payment / EFT receipt of my membership fee of \$11.00 (including GST) for the financial year 2020.** If this application is accepted by the Board of Directors, I agree to have my name entered in the Register of Members of the above Associations. **NOTE: This payment is not required for Alumni, Foundation Members or Grandparents' Club Members.**

| <b>REASON FOR APPLICATION FOR MEMBERSHIP *</b>  |   |
|---|---|
| <input type="checkbox"/> Parent/Guardian of former pupil/s of Moriah College                              | (Name of pupil/s _____<br>Year youngest child attended College) _____                           |
| <input type="checkbox"/> Former pupil of Moriah College (Alumni)  | <b>Note: membership fee is zero dollars (\$nil)</b><br>Year of Graduation _____                 |
| <input type="checkbox"/> Parent/Guardian of a pupil at another Jewish Day School or Early Learning Centre | (specify) _____   |
| <input type="checkbox"/> Parent/Guardian of a pupil on a Moriah enrolment list                            | (specify name of pupil) _____   |
| <input type="checkbox"/> Other relation   | (specify) _____ of pupil/s or<br>of former pupil/s or<br>Moriah College (name of pupil/s) _____ |
| <input type="checkbox"/> Foundation Member  | <b>Note: membership fee is zero dollars (\$nil)</b>   |
| <input type="checkbox"/> Grandparents Club Member   | <b>Note: membership fee is zero dollars (\$nil)</b>   |
| <input type="checkbox"/> Donor to Moriah College  | (specify year)  |
| <input type="checkbox"/> Other reason   | (specify)   |

**Dated this..... day of ..... 2020      Signature.....**

**Note:** An applicant shall become a Member of the Associations upon the date the Board of Directors accepts the application for membership.

*\* The fact that you may fall into one of the above categories does not necessarily mean you will be granted membership. The above categories are not exhaustive. They are used solely for the purpose of helping the Board understand why you wish to be a member.*