



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)

APPLICANT INFORMATION

Prof Dr Mr Mrs Miss Ms First Name

Last Name

Private Address

Postcode

Telephone Private

Business

Mobile

Email

Names and school year(s) of children currently at the College

Occupation

I 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.

Signature

Date

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.