

**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)

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

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.....2021

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.