



**MEMBERSHIP APPLICATION FORM**

Name of Parent/Guardian: Mr/Mrs/Mdm \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact No(s): \_\_\_\_\_

Address: \_\_\_\_\_

Name of child/ward: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

Please indicate your choice by circling the wing of your preference:

Choice 1: SOCIAL / SUPPORT / EXPERTISE / CLASS LIAISON

Choice 2: SOCIAL / SUPPORT / EXPERTISE / CLASS LIAISON

My areas of specialty (if any): \_\_\_\_\_  
*(eg: gardening, website design, event management, digital media, photography etc.)*

\_\_\_\_\_  
 Signature of Parent/ Guardian

\_\_\_\_\_  
 Date

