



**SOUTHPORT STATE HIGH SCHOOL
PAST STUDENTS & ASSOCIATES'
ASSOCIATION INC.**

**Contact: Elizabeth Maradeen | Email: paststudentsshs@eq.edu.au
Mobile: 0414 401 251 | Fax: (07) 5539 1390**

MEMBERSHIP APPLICATION

I, (full name) (maiden name, if applicable)

hereby apply to become a member of the above named association. In the event of my admission as a member, I agree to be bound by the rules of the Association.

I (attended) (was associated with) the school in the following capacity (*cross out whichever doesn't apply*)

From ____ to ____ (YEARS) as a (position e.g. student, teacher, parent, etc.) From ____ to ____ (GRADES)

I tender \$5.00 joining fee (1 year membership) or \$10 (3 year membership) and wish for my details to be entered on the Past Students and Assoc. database for the purposes of contact re Past Students & Assoc. activities.

PERSONAL DETAILS:

Address.....

..... Postcode.....

Home Phone (A/H)..... Work/Mobile.....

Email..... (for contact and sending you the monthly newsletter)

Occupation.....

Interests (sports, hobbies).....

Please tick the boxes below to indicate which information you agree can be shared with other SSHS Past Students and Associates members.

- Name Email Address Home Phone Mobile Home Address Occupation/Interests

I would like to be involved in the following activities:

- Locating former students/teachers/associated persons Acting as Decade Group Leader
- Providing professional assistance to the Assoc./School Providing work experience
- Organising activities/functions Cataloguing/collecting memorabilia

Would you please suggest other activities that you'd like to see the Association organise:

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Other Past Students you suggest we contact, preferably with some contact details:

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Our annual membership fee does not cover our expenses and your additional donation would be much appreciated.

I enclose the amount of \$25 \$50 \$100 Other _____ as a donation, in addition to my membership fee.

Please complete the following for payment by credit card:

I hereby authorize Southport SHS to debit my

- Mastercard Visa

Card No. |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Expiry Date ____/20__

Amount \$_____ Please include your donation amount here if you have chosen to help us with running costs ☺

Name of cardholder as it appears on card: _____ Cardholder's signature: _____

**Please return this completed form, together with payment authorization to:
SSHS Past Students And Associates' Association, PO Box 65, Chirn Park, QLD 4215**