

**Airville State School Parents and Citizens' Association  
Application for Membership**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**PH:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Application for Membership:** \_\_\_\_\_

**Date of application for Termination of membership:** \_\_\_\_\_

*Please tick the appropriate box*

I am a parent/carer of a student currently enrolled at Airville State School

I am a community member over the age of 18 years with no children currently enrolled at Airville State School

**Signature:** \_\_\_\_\_

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**P&C Secretary Use Only**

Date of meeting at which membership was approved: \_\_\_\_\_

Date of meeting at which membership was terminated: \_\_\_\_\_

**Signature:** \_\_\_\_\_

*President of P&C Assn*