P&C MEMBERSHIP FORM

Please return to your P&C Secretary

<u>l,</u>	(your name),
Of	
	(your address)
Phone	Mobile
Email	, wish to become a financial member of
	P&C Association Inc.
by paying the annual membership	fee of
I understand that my annual m	embership is current until the next AGM
□ I agree to abide by the P&C Co	nstitution (Association rules) and P&C Code of Conduct
	is and community members) who volunteer at an education an once a week are required to provide proof of vaccination or
Signed	(Member)
SECRETARY'S USE ONLY:	
Fee paid:	
Signed	(Secretary)
Date:	
	(For the member's records)
2022	2 P&C MEMBERSHIP RECEIPT
Descived from	(members name)
Received from	(members name)
Amount paid	(membership fee)
Being Annual Membership fee of	P&C Association Inc.
Signed	(P&C Secretary)
Date	