



MEMBERSHIP APPLICATION & INFORMATION FORM

DATE / /

SURNAME **Maiden Name**

Given Name(s)..... **Date of Birth**

Address

..... **Post code**

Phone (AH):(BH):Mobile:

Email

ATTENDANCE DETAILS

First Year at Cleeland: 19 Form/year **YEAR OF**

Example:

Final year at Cleeland: 19 Form/year..... -----

*Began: 1975 -form 1 (yr 7) **Year of***

*Finished: 1978 - form 4 (yr 10) **1980***

Other details (ie. achievements, memories)

(Teachers Only)

Speciality Subjects Years at School.....

RELATIVES/SPOUSE/FRIENDS WHO ALSO ATTENDED CLEELAND

Please include contact details and years they attended (if known).

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THANK YOU, for your time in completing this form and assisting with the accuracy of our record keeping.

IF YOU WOULD LIKE TO BECOME A MEMBER OF THE ASSOCIATION and receive regular newsletters & updates, please complete the details below. Payment can be either by: (Tick box)

Enclosing cheque payable to DHS Ex-Students Association Inc. ** **OR**

Transferring amount by **Electronic Funds Transfer** to: BSB 633-108 a/c 133689158

N.B If you select EFT, you then need to Email the completed form to russweber@bigpond.com

MEMBERSHIP FEES: (Complimentary to Ex-Students aged 80 years and over)	One Year \$20	\$15 concession	\$
	Two Years \$40	\$30 concession	.
	Three Years \$60	\$45 concession	.
DONATION:	Scholarship Fund		.
To Association	Donors will be acknowledged in the Newsletter, without specifying the amount, unless anonymity requested)		.
			.
For administrative simplicity, all memberships are for a calendar year, regardless of date payment made			TOTAL
			.

** Mail to: Membership Officer. DHS Ex-Students Association, at above address