

# **MEMBERSHIP FORM 2017**

Application for Membership  
Carbrook State School P & C Association

Name: .....

Address: .....

.....

Phone: .....

Email: .....

Date of Membership: .....

**(Please cross out the statement which does not apply)**

I am a parent/caregiver of a student at the school

OR

I am a community member over the age of 18

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Signature