



2018 MEMBERSHIP FORM (Return to the Office c/- P&C Secretary)

Name	
Address	
Phone Number	
Date of Birth (if no children at the school)	
Name and Class of Youngest Child at School	
Email Address (to receive meeting agenda/minutes)	
Your signature	
Membership Approved (office use only)	Date ___ / ___ / 2018 _____ Meeting date as indicated in minutes: President's Signature

EVERTON PARK STATE SCHOOL Parents and Citizens Association Formed February 1953. Registered under "The Charitable Collections Act of 1952" ABN: 24 392 685 811	VOLUNTARY FAMILY CONTRIBUTION SCHEME
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Yes, I would like to pay \$_____ (suggested amount \$100)

Payment Options	EFT BSB: 064 110 Account No: 00090068 EPSS P & C Association Reference: Your Name	Cash/Cheque Cheques to be made payable to EPSS P & C Association & taken to the office with this form	Eftpos Payments to be made at school office.
	Visa/Mastercard Please debit my ___ Visa ___ Mastercard Card Number: _____ Cardholder's Name: _____ Expiry: ___ / ___ Signature: _____ Please charge the amount of \$_____ to the above card		Flexischools Payments can be made via www.flexischools.com.au

Timing of Payment

- NOW: I will make payment in full now
- OTHER: I would like to make the following payments in these terms: Term 2 Amount \$ _____
Term 3 Amount \$ _____
Term 4 Amount \$ _____

Signature of Parent/Carer: _____