**NAME:**  (PLEASE PRINT CLEARLY) **SCHOOL COMMUNITY MEMBER TYPE: PARENT / CITIZEN** (CIRCLE AS APPROPRIATE)

**CONTACT PHONE NUMBER:**

**EMAIL ADDRESS FOR MEETING NOTICES & UPDATES**

I include a payment of $2to become a financial member of the Nowra High School P&C Association Inc. I acknowledge that I am aware that I agree to follow the Constitution, by-laws, Code of Conduct and sub-committee rules as adopted by the Nowra High School P&C Association Inc.

**SIGNED:**  **DATE:**

Office use: Membership fee paid: Y/N Receipt no.: