ALLIGATOR CREEK STATE SCHOOL
PARENTS & CITIZENS ASSOCIATION
APPLICATION FOR 2015 MEMBERSHIP

FAMILY NAME: ____________________________________________ (Parent/Guardian)

FIRST NAME/S: ____________________________________________

ADDRESS: ________________________________________________

PHONE NUMBER: __________________________________________

e-mail: ____________________________________________________

CHILDREN ATTENDING A.C.S.S.

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<th>Surname</th>
<th>Christian Name</th>
<th>Class</th>
<th>D.O.B.</th>
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AREAS OF INVOLVEMENT:
Please place (✓) in each area of the school you are currently involved or would like to be involved on a voluntary basis.

Classrooms ☐ Library ☐ Sporting Areas ☐
Tuckshop ☐ Prep ☐ Excursions ☐
Working Bees ☐ Fundraising ☐ Religious Education ☐

Please list any skills / trades that may assist in areas of involvement:

________________________________________________________________________

________________________________________________________________________

I am applying as a new member ☐ I am applying to renew membership ☐

SIGNATURE/S OF APPLICANT/S ________________________________ Date: ________.

OFFICE USE ONLY:

Signature of P & C Secretary: ____________________________ Date: ________.