

**MEMBERSHIP OF THE ASSOCIATION OF PRESHIL,  
THE MARGARET LYTTLE MEMORIAL SCHOOL**

**Existing Members**

Ordinary Membership remains valid over the calendar year, from 1<sup>st</sup> January to 31<sup>st</sup> December. Membership fees are due and payable on or before 1<sup>st</sup> January. Membership lapses on 30<sup>th</sup> April. If Membership fees have not been paid, an Existing Member is entitled to vote at the Annual General Meeting of the Association provided that the fee has been paid before the meeting.

**Lapsed Membership**

The Articles of Association make no provision for lapsed members to rejoin the Association. Lapsed members must, therefore, apply for membership on the same basis as new applicants.

**New Memberships**

On payment of the subscription fee, applicants are entitled to apply for membership. Applicants for membership must apply on the appropriate form. Every applicant must be nominated by an Existing Member and, then, be accepted by the School Council.

**Membership Fee**

The Membership Fee is \$20.00.

**THE PRESHIL ASSOCIATION**

**NEW APPLICATION AND APPLICATION RENEWAL FORM**

I, \_\_\_\_\_ of

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email \_\_\_\_\_

Wish to renew my membership of the Preshil Association

# THE PRESNIL ASSOCIATION

## FOR NEW MEMBERS ONLY - NEW MEMBER APPLICATION FORM

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What is your connection with Preshil? \_\_\_\_\_

\_\_\_\_\_

Hereby apply for membership of Preshil, the Margaret Lyttle Memorial School Association, the annual membership fee being \$20.00 per person.\*

Signature of Nominee: \_\_\_\_\_ Dated: \_\_\_\_\_

Given Names: (Please Print) \_\_\_\_\_

Family Name: \_\_\_\_\_

I understand that a non-refundable application fee is payable. Should my application be successful, then I understand the \$20.00\* application fee will be applied against my membership fee. (\* Your payment should accompany this application form)

## NOMINATION

Being an Existing Financial Member of The Preshil Association, I hereby nominate the above person to join The Association

Signed by the Nominator: \_\_\_\_\_  
Signature Print Name

DATE: \_\_\_\_\_

---

Credit Card: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_