



# FINTONA

## COMPANY MEMBERSHIP

### APPLICATION FORM

Past students and former staff members are encouraged to join the Fintona Girls' School Company.

#### APPLICANT DETAILS

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Class of: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### SPONSOR DETAILS

*If you don't have a sponsor, ie a current Company Member, you may nominate the School to complete this section on your behalf.*

Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ELIGIBILITY CRITERIA

Former Staff Member \_\_\_\_\_  
 (Period of employment) (Position/s held)  
 Past Student \_\_\_\_\_  
 (Period enrolled) (Year level/s)

#### PAYMENT

Membership:  \$22 Annual Membership OR  \$200 Life Membership  
 Payment (Please circle): Credit Card / Cheque (Payable to Fintona Girls' School) / Direct Deposit  
 Cardholder Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ VISA / MASTERCARD / AMEX  
 Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I, \_\_\_\_\_ declare that, having read the Articles of Association for Fintona Girls' School, I agree to be bound by them.

\_\_\_\_\_  
 Signature Date

Please return this form to the Company Secretary [businessmanager@fintona.vic.edu.au](mailto:businessmanager@fintona.vic.edu.au)  
 Membership applications will be tabled at the next scheduled Board Meeting.

#### OFFICE USE ONLY:

<input type="checkbox"/>	Application approved / declined	<input type="checkbox"/>	Applicant notified
<input type="checkbox"/>	Data updated in Synergetic	<input type="checkbox"/>	Application filed electronically