



Wellington South
PARENTS CENTRE

NEW MEMBER APPLICATION

First Name(s)

Surname

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Postal Address:

Phone Number:

Hm:	Wk:
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Email Address – (we would prefer a home email if possible)

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I am interested in finding out more information about having an active role on the WSPC Committee

Please make your cheque payable to Wellington South Parents Centre and post your cheque and application form to:

WSPC
PO Box 14-378
Kilbirnie
Wellington

Please indicate which membership option you require:

- Annual \$ 65.00
- Two-year \$120.00
- Community Services Card Holder \$ 20.00
- Committee Member \$ 45.00
- Corporate Scheme – please specify employer _____