



MEMBERSHIP FORM

The completed form needs to be returned to the Secretariat **by 25 February 2019**

Email: asa@asc.wa.edu.au,

Fax: +61 8 9384 5023

or Mail:

The Secretariat

Anglican Schools Australia

PO Box 2520

Mt Claremont WA 6010

Please view Membership Category below and complete **all** appropriate section/s

MEMBERSHIP CATEGORY	DESCRIPTION	COMPLETE SECTION(S)
1	School in the first <u>two</u> years of operation	A, B, C, D, E, F,G, H, I
2	School operating for longer than two years with fewer than 400 students	A, B, C, D, E, F,G, H, I
3	School operating for longer than two years with 400 or more students	A, B, C, D, E, F, G, H, I
4	Entities (<u>other than schools</u>) associated with Diocesan Authorities	B, C F, G
5a	Associate Membership – Individual	G
5b	Associate Membership - Organisation	H

PRIVACY STATEMENT: *The information provided on this form will be used to complete your application for Membership of the Anglican Schools Australia and to keep you informed of ASA activities. Your information will be stored on the ASA database. It will not be passed on to a third party without your permission.*

SECTION A

Membership Category No.	
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SECTION B – SCHOOL or ENTITY – ORGANISATIONAL INFORMATION

Name of School or Entity			
Postal Address			
		Postcode:	
Contact Details	Tel.:	Fax:	
	Email:		
	Website:		
SCHOOLS ONLY	No. of Students Enrolled:	Foundation Year:	
	Diocese in which school is located:		

SECTION C – SCHOOL or ENTITY - CONTACT PERSON

Name	Title:	Given Name:	Surname:
Position of Contact Person			
Contact Details	Direct Tel.:	Direct Fax:	
	Email:		
	Mobile:		
Name of Principal/Head/CEO if s/he is not the contact person	Title:	Given Name:	Surname:

SECTION D – SCHOOL CHAIR OF COUNCIL

Name	Title:	Given Name:	Surname:
Contact Details	Direct Tel.:	Direct Fax:	
	Email:		
	Mobile:		

SECTION E – SCHOOL CHAPLAIN

Name	Title:	Given Name:	Surname:
Contact Details	Direct Tel.:	Direct Fax:	
	Email:		
	Mobile:		

SECTION F – BUSINESS MANAGER/BURSAR

Title:	Given Name:	Surname:
Position Title eg Bursar/Director of Finance etc		
Direct Tel.:	Mobile:	
Direct Fax:	Email:	

SECTION G – COMMUNICATIONS/MARKETING MANAGER

Title:	Given Name:	Surname:
Direct Tel.:	Mobile:	
Direct Fax:	Email:	

SECTION H – Associate Membership - Individual

Title:	Given Name:	Surname:
Postal Address:		
		Postcode:
Tel.:	Mobile:	
Fax:	Email:	

SECTION I – Associate Membership - Organisation

Title:	Given Name:	Surname:
Postal Address:		
		Postcode:
Tel.:	Mobile:	
Fax:	Email:	