



**St Paul's School (Bald Hills)
Supporters' Association Inc.**

PO Box 57
Bald Hills QLD 4036
ABN: 68 049 461 619

MEMBERSHIP NOMINATION FORM

APPLICANT: _____

ADDRESS: _____

_____ POSTCODE: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____

BLUE CARD HOLDER: Yes No

CARD NUMBER: _____ EXPIRY DATE: _____

PARENT/GUARDIAN PAST PARENT PAST PUPIL OTHER/OVER 18
(Tick one)

SUPPORTER GROUP: _____ EXIT YEAR FROM SCHOOL: _____

APPLICANT SIGNATURE: _____ DATE: _____

PROPOSER: _____ DATE: _____
(Print Name and Signature of existing member)

SECONDER: _____ DATE: _____
(Print Name and Signature of existing member)

Please tick if you would like to receive further Association information via email

Please note that SPSSA is covered for General & Products Liability Insurance (\$20,000,000) and Voluntary Workers – Personal Accident Insurance (\$250,000) via The Anglican Diocese of Brisbane.

Admission Date to Association: _____