|  |  |
| --- | --- |
|  | Spring Road Community Kindergarten Inc 1a Spring Road, Kalamunda 6058 ABN: 80 025 100 491 |
| www.springroadkindy.com.au  [committee@springroadkindy.com.au](mailto:committee@springroadkindy.com.au) (parent committee) |

**Spring Road Kindy Association Membership Form**

I/we wish to become members of the Spring Road Community Kindergarten Inc.

Membership entitles each member to:

* Vote at the AGM of the Association.
* Nominate and be part of the parent committee.
* Receive information including newsletters and invitations to association events

The membership fee if you have a child enrolled at Spring Road for the current or following year is free. The fee otherwise is $1 per person per year and is due by the 15th of December each year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | | | |
|  | Full Name | Phone Number | Email Address (must be included) |
| Applicant 1 |  |  |  |
| Applicant 2 |  |  |  |
| Applicant 3 |  |  |  |
| **Nominating member** | | | |
| Name |  | Signature |  |

Do you have a child currently enrolled at Spring Road Kindy? Yes/No

What is your child’s name and what year are they enrolled for?

Applicant 1 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Applicant 2 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Applicant 3 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Return completed forms to the Kindergarten in a sealed envelope or to a committee member with your application fee if applicable. They can also be emailed to [secretary@springroadkindy.com.au](mailto:secretary@springroadkindy.com.au)

Incomplete applications may not be accepted.