



ST JOSEPH'S ALUMNI ASSOCIATION MEMBERSHIP APPLICATION FORM

I, _____

of, _____

_____ Postcode: _____

Email Address: _____

I wish to apply for membership to the St Joseph's Alumni Association. I agree to abide by its rules and regulations. I agree to publish any of my details including photos within the Alumni Association.

Signature: _____ Date: _____

Years at St Joseph's, Principal, Teachers, Uniforms, Special Memories of your school days. Your journey since leaving St Joseph's (achievements - further study, work, family, etc.)

Membership Fee:

Single \$15 per annum

\$17 for 2 members at same address

\$20 for 3 members at same address

Please send your completed form with Cheque/Money Order payable to:
St Joseph's Alumni Association, PO Box 745, Stanthorpe QLD 4380 OR
Direct Credit to BSB 704640 A/C 2275710.

Please ensure you place your Name as a reference on transfer.
For our record keeper, please return your signed membership form.

**Our long term goal is to publish the newsletter in colour
providing our membership is increased.**

**This will provide our members with a better quality newsletter
with colour enhanced photos.**