

Alexandra District Parents Centre



Membership # _____

Please return your completed form with payment to a committee member or post to
Alexandra District Parents Centre, P O Box 352, Alexandra

Thank you, we look forward to you becoming a part of the Alexandra Districts
Parents Centre

Full Name : _____

Partners Name : _____

Children's details

<i>Name</i>	<i>Sex</i>	<i>Date of Birth</i>
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____

Mailing address : _____

Contact details

Phone Number : _____

Cell Phone : _____

E-mail : _____

Annual Membership Subscription

Tick which applies Full Member \$60.00
 Committee Member \$40.00
 Community Services Card Holder \$30.00

Card No: _____ Expiry Date: _____

Do you wish to receive sponsors mail-outs? Yes/No

Office only

Payment received \$ _____ Date: _____
 Member added to PCNZ Database
 Welcome pack sent