

Friends Membership application

Name 1:
(Title) (Surname) (Christian)

Name 2:
(Title) (Surname) (Christian)

Address:
.....
.....
.....

Phone: *Home:* *Work:*
Mobile:

Fax: *Home:* *Work:*

Email:

Parent: present/past:

Grandparent/other family:

Old Boy:

Other (state):

If parent, sons(s) name(s): Current Form/Year left:
.....
.....

If an old boy, are you a member of Old Boys' Association Yes
 No

Membership Subscription (tick one)

Annual (single or couple) \$25

Life membership (single or couple) \$350

Please attach your cheque and mail to:

*The Secretary,
Friends of Sacred Heart College,
PO Box 18-377,
Glen Innes,
Auckland.*