

Ingham State School

Application for P&C Membership INGHAM STATE SCHOOL P&C ASSOCIATION

Please complete and return to the School office or the P&C Secretary (in person or by email: secretary@inghamstateschoolpandc.onmicrosoft.com)

Name:	
Address:	
Email address:	
Mobile phone:	
l am:	
a parent of a student attending the sche	ool
□ a staff member of the school	
an adult interested in the school's welfa	are.
If you are an adult interacted in the acheel's wa	lfere places provide
If you are an adult interested in the school's we	
Current Blue Card number:	
 Expiry Date: 	
• Date of birth*:	
" Date of birth details are requ	uired to link with Blue Card portal
If applicable, please provide details of your chil	dren who are students at Ingham State School.
Name:	
Name:	Class
Name:	Class:
I am: D applying for new membership	□ a returning member
I apply for membership of the Ingham State So	chool Parents and Citizens' Association and I undertake to:
a) promote the interests of and facilitate the de	evelopment and further improvement of the School and the good order
and management of the School; and	
b) comply with the constitution of the P&C Ass	sociation, including the P&C Association Code of Conduct as specified
in Schedule 2 of the constitution, and any v	valid resolutions passed by the Association.
Signature:	Date:
_	
P&C Secretary Use Date received:/	Date accepted://
Secretary's signature:	



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