

## Application for Full Membership of The Illawarra Association for Christian Parent Controlled Education

Surname :	Christian Names:
Address :	
I regularly attend church worship services at:	Other Church Commitments include:

- I am in full agreement with the Constitution of the Association (which incorporates the Educational Creed?) YES / NO
- I have attended a membership information evening? YES / NO  
If yes - date attended? \_\_\_\_\_
- I agree to pay the annual membership fee as determined by the Board of Directors? YES / NO

I hereby apply for Full Membership of the Illawarra Association for Christian Parent Controlled Education

Signature	Date
Signature of Joint Member	Date

**NOMINATOR :**

I, ,

being a financial member of I.A.C.P.C.E. and knowing that the applicant/s fulfils all the requirements for membership nominate ,

to become a full member/ full members of the Association.

Signature	Date
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**SECONDER :**

I, ,

being a financial member of I.A.C.P.C.E. and knowing that the applicant/s fulfils all the requirements for membership nominate ,

to become a full member/ full members of the Association.

Signature	Date
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