

MEMBERSHIP APPLICATION



TO: ST ANDREW'S PARENT-TEACHER ASSOCIATION

Date :

Member's Name :

Address :

..... **Postal Code:**

Contact Information : (Home) (Mobile)

(Email)

Spouse's Name :

Contact Information : (Home) (Mobile)

(Email)

Son(s) Name : (1) **Class:**

: (2) **Class:**

I hereby subscribe to the SAPTA membership and / or make a donation.

- | | |
|---|---|
| <input type="checkbox"/> Join / renew SAPTA Membership
St Andrew's Junior School | <input type="checkbox"/> Primary 1 - S\$60.00 (6 years) |
| | <input type="checkbox"/> Primary 2 - S\$50.00 (5 years) |
| | <input type="checkbox"/> Primary 3 - S\$40.00 (4 years) |
| | <input type="checkbox"/> Primary 4 - S\$30.00 (3 year) |
| | <input type="checkbox"/> Primary 5 - S\$20.00 (2 years) |
| | <input type="checkbox"/> Primary 6 - S\$10.00 (1 year) |

I would like to donate: S\$ (please indicate amount, if any)

Total amount: S\$ **(Cash / Cheque No*:**

*** PLEASE MAKE CHEQUE PAYABLE TO - ST ANDREW'S PTA**