



FAITHFULNESS IN SERVICE

BISHOP DRUITT COLLEGE

COFFS HARBOUR

111 North Boambee Road
PO Box 8004
Coffs Harbour NSW 2450

Phone (02) 6651 5644
Fax (02) 6651 5654
secretary@bdc.nsw.edu.au

www.bdc.nsw.edu.au

Bishop Drutt College Parents & Friends Association Inc.

MEMBERSHIP FORM

Name		
Address		
Suburb & Postcode		
Phone	Home:	Work:
	Fax:	Mobile:
Email		
	(Email is our preferred method of contact. Please print clearly)	

Do you give permission for your details to be passed on to other members of the Association?	Please tick: ✓ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Committees - Please tick ✓ to indicate the fundraising areas and social activities in which you would like to be involved:		
<input type="checkbox"/> Welcome Reception	<input type="checkbox"/> Golf Day	
<input type="checkbox"/> Scrapbooking Workshops	<input type="checkbox"/> Mums & Dads Army	
<input type="checkbox"/> Mothers/Fathers Day Stalls	<input type="checkbox"/> Canteen Volunteer	
<input type="checkbox"/> Trivia Night	<input type="checkbox"/> Social Events	
<input type="checkbox"/> Fete	<input type="checkbox"/> Fundraising	
I would like to nominate for the following executive position (please tick):		
<input type="checkbox"/> President	<input type="checkbox"/> Vice President – Social	<input type="checkbox"/> Vice President – Fundraising
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Chair Canteen Committee
<input type="checkbox"/> Publicity Officer		
I agree to abide by the constitution of this Association, a copy of which is available on the College website. Signature: _____ Date: _____		
<i>Please lodge this form at a General Meeting, the Canteen or Front Office. Your voting rights will commence from the following meeting.</i>		