



Excelsior Public School Membership

FULL NAME:

*Please print
clearly*

SCHOOL COMMUNITY MEMBER TYPE:

Parent

Citizen

Please tick

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

For meeting notices and updates

I include a payment of \$2 to become a financial member of the Excelsior Public School P&C Association. I acknowledge that I am aware that I agree to follow the Constitution, by-laws, Code of Conduct, policies, procedures and sub-committee rules as adopted by the Excelsior Public School P&C Association.

SIGNED

DATE