



JOHN CALVIN SCHOOL

FREE REFORMED SCHOOL ASS. (TAS.) INC.

53 HOWICK STREET
P.O. BOX 89, LAUNCESTON, TAS. 7250
Ph: 6344 3794, Fax: 6344 3690
Email: admin@jcs.tas.edu.au
www.jcs.tas.edu.au
ABN No 32 415 227 180

MEMBERSHIP APPLICATION FORM

First Name(s)

Surname

Street address

Suburb

State

Postcode

Email address

Free Reformed Church Membership

Phone number

**Full
Membership (Weekly
fee: \$84/week)**

For members within the Free Reformed Churches of Australia and have children enrolled at the John Calvin School Launceston. Members hold full voting rights.

**Non
parent Membership
(Weekly fee:
\$60/week)**

For members within the Free Reformed Churches of Australia with no children currently enrolled at the school. Members hold voting rights and will receive school related correspondence on a regular basis or whenever possible

**Special
/Pensioner
Membership (Weekly
fee: \$36/week)**

This membership can be offered to members who can no longer afford full membership contributions and yet wish to show continued commitment to the FRSA. Available to members who meet the following criteria: 1. Have retired from full time employment 2. Have reached the Age Pension age 3. Have honoured their membership obligations in the past. 4. Have been approved by the Board with special circumstances [Contributions may not be less than one third of the current Membership Fee. Full Membership Privileges apply]

Donor

In a situation where one cannot commit to any of the above listed memberships and yet has the desire to support the school financially. These members will receive school related correspondence on a regular basis or whenever possible. No voting rights apply.

I intend to make my payments on a basis to the following account:

Funds Payable to:

1. **Free Reformed School Association Bank Details -**

Bank Name:	Commonwealth	Branch:	LTON
BSB Number:	067-003	Account Number:	2800 3237

I/we will pay this membership fee by the following method:

Direct payment into the Association's Bank Account (as listed above)
Please add your name and the words 'school fees' in the description.

Cash or cheque placed in the school box at the rear of my church

Declaration:

- I/we agree to abide by the Constitution of the Free Reformed School Association (Tas) Inc.
- I/we declare that I am a current Member of the Free Reformed Churches of Australia
- I/we accept that fees shall be paid in advance, on a weekly/monthly/yearly basis

Signed _____

Date _____

Please return your completed form to either:

- **Email:** admin@jcs.tas.edu.au
- **Post:** PO Box 89, Launceston TAS 7250
- **In person:** to the Treasurer or school office

Administrative Use Only:

Membership Approved By: _____

Signed: _____

Date: _____