

Western Cape College Weipa Campus



PARENTS AND CITIZENS ASSOCIATION MEMBERSHIP FORM

NAME _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

PARENT / CAREGIVER / CITIZEN (Please circle as appropriate)

CHILDREN AT SCHOOL _____

I AM INTERESTED IN HELPING THE P & C BY:

I APPLY FOR MEMBERSHIP OF THE WESTERN CAPE COLLEGE WEIPA CAMPUS PARENTS
AND CITIZENS ASSOCIATION FOR _____ (YEAR/S).

SIGNED _____ DATE _____

APPROVED _____ DATE _____

(President)