

### TASSA Membership Form

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership -** Current Parent / Caregiver or Staff member \$ 0  
- \$20 for Community Member.

Parent / Caregiver  Staff  Other

### Nomination

#### Nominated by:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Seconded by:

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

### Name & Age of Children attending the School (if applicable)

1 \_\_\_\_\_ Class \_\_\_\_ 2 \_\_\_\_\_ Class \_\_\_\_

3 \_\_\_\_\_ Class \_\_\_\_ 4 \_\_\_\_\_ Class \_\_\_\_

### Agreement

I, ..... (name) agree with the Objects & Purposes of The Alice Springs Steiner Association and to abide by its Constitution.

Signed..... Date.....

### Office Use Only

Date Received: ..... Date Approved .....

Receipt No : \_\_\_\_\_

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