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|  FAMILY H&S MEMBERSHIP APPLICATION 2024-2025 |
| $20.00 |
| ***Please make cheques payable to St Thomas H&S association.*** *Thank you for your support.* |
| First Name: | Last Name:  |
| Phone: Home: ( ) - Cell: ( ) - | E-mail:  |
| Address *(Appt.#, Civic#, Street name)* |
| City: | Province: | Postal Code: |
| School Name or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you: A new member \_\_\_\_\_\_\_\_\_ Returning member \_\_\_\_\_\_\_\_\_\_ A H&S member at another school? If so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| OPTIONAL INFORMATION |
| Preferred Communication: ❑ Phone ❑ Email ❑ Other (*Please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Occupation: |
| Special Skills:  |
| Hobbies/Other Interests:  |
|  |
| CHILDREN’S INFORMATION  |
| Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm # \_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm # \_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm # \_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm # \_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_ |