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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\_\_\_\_\_\_\_\_\_\_ | | | | |