



ASSOCIATED  
CHRISTIAN SCHOOLS

*life through Christian education*

## APPLICATION FOR MEMBERSHIP – ASSOCIATED CHRISTIAN SCHOOLS LTD

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Email Address: \_\_\_\_\_

Board Chairman's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Students (P-12) \_\_\_\_\_

By signing this application form, you confirm that you are in agreement with the Statement of Faith and Objects of Associated Christian Schools Ltd.

**Signature of approved School Authority:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ *(please print and sign)*

Date: \_\_\_\_\_

**Application for Membership Form to be returned to:**

The Company Secretary of Associated Christian Schools Ltd

Mrs Michelle Murray

P O Box 2238

Mansfield DC

QLD 4122

Phone: 0407764550

Email: [mmurray@christianschools.org.au](mailto:mmurray@christianschools.org.au)