

The Alice Springs Steiner Association (TASSA)

Membership Form

Please complete this form for each Family or Individual. **'One form = One Vote'**

Family Name (s): _____ First Name (s): _____

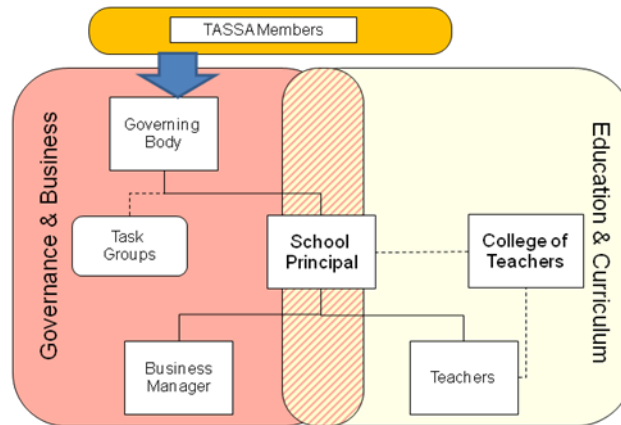
Address: _____

Email: _____ Phone: _____

Membership – no cost for current Parent or Staff member; \$20 for Past Parent/Staff or Other

Parent Staff Past Parent/Staff Other _____

TASSA Structure Chart



Nomination

Nominated by: Name _____ Signature _____

Seconded by: Name _____ Signature _____

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

1 _____ DOB _____ 3 _____ DOB _____

2 _____ DOB _____ 4 _____ DOB _____

Agreement

I, (name) agree to abide by the Constitution of The Alice Springs Steiner Association.

Signed..... Date:.....

Office Use Only

Date Received: Date Approved:

Membership No: