



Application for Life Membership

Surname: Dr/Mr: _____ Given Names: _____

Address: _____

_____ Postcode: _____

Telephone: Home: _____ Business: _____

Facsimile: _____ Email: _____

Occupation: _____ Years at Hale (eg 1991-1994): _____

If you left Hale other than in Year 12, please indicate the year level you were in when you left: _____

I wish to become a Life Member of the Old Haleians' Association (Inc) and I enclose payment of \$210 as follows (please tick appropriate box/es).

Cheque (payable to *Old Haleians' Association*)

Credit card (details below)

Visa card

Mastercard

Bankcard

Card Number:

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--

Expiry Date: ____/____

Signature: _____

Date: _____