SYDNEY MONTESSORI SOCIETY Phone:

Phone: 98890400

childrenshousensw@gmail.com



Receipt Number:

Incorporated under the Companies' Act as a Company limited by guarantee whereby the members, in the event of the Company being wound up and having incurred debts and liabilities, are liable to contribute to the Company's assets: such liability is limited to one hundred dollars (\$100.00).

| To: The Enrolment Officer |
|---|
| Sydney Montessori Society |
| P.O. Box 6645 |
| NORTH RYDE NSW 2113 |
| I, (Mr./Mrs./Ms./Miss) |
| Of |
| |
| (Address) |
| Here by apply for membership of the Society for which I enclose the sum of eighty dollars (membership subscription is \$80.00 annually). |
| In the event of my application being accepted by the Council I undertake to abide by the Memorandum and Articles of Association of the Company which shall be in force from time to time. |
| My address for service of all notices is as above. |
| Signature of New Member: Date: |
| OFFICE USE ONLY Membership Number: |