



Earlwood Public School P&C Association Membership Form 2025 (ESPA)

(Please return to espa.pandc@gmail.com, to an ESPA Executive or to the office)

Full name: _____ (please print clearly)

Parent of _____ (child's name) in _____ (class)

Parent of _____ (child's name) in _____ (class)

Parent of _____ (child's name) in _____ (class)

Address _____

Postcode: _____

Mobile _____

Email _____

I wish to become a financial member of Earlwood Public School P&C Association (ESPA) by paying the annual **membership fee of \$2 for 2025**. I consent to receiving the meeting minutes, agenda and other ESPA correspondence via email.

I acknowledge that my membership is for the 2025 school year and is current until the next Annual General Meeting in early 2026. By joining ESPA, I commit to following the P&C Constitution and Association Rules. This includes treating others with courtesy, respect, dignity, and fairness, and respecting personal privacy. Therefore, any information acquired as a P&C representative must be kept confidential and handled appropriately. Discrimination against any individual will not be tolerated.

We'd like to know more about you. Do you have special skills, or do you run a business that can assist in our fundraising efforts? Please provide details here: _____

Signed _____ (Member) Date _____

Fee can be paid in cash to an executive member, by scanning the QR code or via direct deposit to the following account:

Earlwood School Parents Association (ESPA)
BSB 062-158 Acct 10562222 (Please include full name)
Direct deposit receipt number: _____

Scan the QR to
pay a direct
quick payment
by credit card.



Payment method (please tick): ☐ Cash ☐ Bank Deposit ☐ QR Code

A receipt will be issued on receipt of funds.

ADMIN USE ONLY

FEE PAID: \$2 Signed _____ (ESPA executive)

RECEIPT FOR ESPA MEMBERSHIP 2025