P&C MEMBERSHIP FORM

Please return to your P&C Secretary

I,	(your name),
Of	(your address)
Phone Mobile	
Email , wish	to become a financial member of
	P&C Association Inc.
by paying the annual membership fee of	
I understand that my annual membership is current until th	e next AGM
I agree to abide by the P&C Constitution (Association rules)) and P&C Code of Conduct
Signed	(Member)
SECRETARY'S USE ONLY:	
Fee paid:	
Signed	(Secretary)
Date:	
Receipt Number:	
(For the member's recor	 ds)
2024 P&C MEMBERSHIP REC	EIPT
Received from	(members name)
Amount paid	(membership fee)
Being Annual Membership fee of	P&C Association Inc.
Signed	(Secretary on behalf of Treasurer)
Date	
Receipt Number:	