



BRIDGETOWN HIGH SCHOOL

ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

Details of Applicant

First Name.....Surname

Maiden Name (If applicable).....Spouse First Name.....

Postal
Address.....

Phone.....Mobile.....Fax.....

Email.....

Years attended Bridgetown High School (if applicable)

Occupation.....

Qualifications.....

Interests & Hobbies.....

Awards

Type of Membership Applied for (please tick box)

- Annual Membership \$30
- Life Member \$300
- Corporate Annual Membership \$50
- Corporate Life Member \$500

Method of Payment (please tick box)

Cheque Enclosed
Made payable to:
BHS Alumni Assoc Inc

OR

Direct Deposit
BSB 066 007
A/c No: 1013 1725
(Please include your name)

PLEASE MAIL FORM TO: LOCKED BAG 1, BRIDGETOWN WA 6255
(08) 9761 0100

CHAIRMAN: SCOTT ROBINSON; SECRETARY: DAPHNE ELDRIDGE; TREASURER: DAPHNE ELDRIDGE