

Please join our Friends of St Brigid's College

Surname: _____ Given Name: _____

Maiden Name and Years attended if relevant: _____

Address: _____ Postcode: _____

Telephone: _____ Email: _____

Please find enclosed my cheque/credit card details: Visa Mastercard Bankcard

Subscription Options:	Relationship to the College:	Subscription: _____
1 Year: \$15.00	Ex-student Current parent	Donation: _____
3 Years: \$45.00	Ex-parent Current grandparent	Total amount paid: _____
5 Years: \$75.00	Ex-grandparent Current staff member	
	Ex-staff member Pool/fitness centre User	

Card No:

Expiry: _____

Cardholder's Name: _____ Signature: _____

Friends of St Brigid's College, St Brigid's College - 200 Lesmurdie Road, Lesmurdie WA 6076

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