

PGC/Seymour OCA Life Membership Application for Membership



Surname _____

Given Names _____

Maiden Name _____

Years attended From _____ to _____ Years levels: From _____ to _____ Day girl / Boarder (please circle)

Clan _____ Date of Birth ____/____/____

Address _____

Ph _____ Mob _____

Email _____

Please indicate if you are the daughter/granddaughter of an Old Collegian Yes / No

What are their Name/s? _____

Signature _____ Date _____

PAYMENT DETAILS:

Membership Fee: \$300.00

Cheque (payable to Seymour College OCA)

Credit Card

Mastercard

Visa

Number

Name on Card _____ Expiry Date ____/____/____

Signature _____ Date ____/____/____

Please return with your payment to:

PGC/Seymour Old Collegians' Association

546 Portrush Road GLEN OSMOND SA 5064 AUSTRALIA

Further enquiries to OCA Secretary at the above address or email: oca@seymour.sa.edu.au

Fax: (08) 8303 9010 or Tel (08) 8303 9000

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