



EDGEWATER HOME & SCHOOL MEMBERSHIP 2024-2025



Please fill in EVERY section **CLEARLY**

H&S and QFHSA may contact you by sending correspondence to your home or by email

MEMBER INFORMATION (Parent)

MEMBER NAME: _____

HOME #: _____

MOBILE #: _____

E-MAIL – PLEASE WRITE CLEARLY: _____

ADDRESS: (CIVIC #, APT #, STREET NAME) _____

(CITY, POSTAL CODE) _____

***** ALL COMMUNICATIONS WILL BE DONE BY EMAIL *****

STUDENT INFORMATION • 2024-2025 SCHOOL YEAR

CHILD'S NAME: _____ GRADE: _____ TEACHER: _____

CHILD'S NAME: _____ GRADE: _____ TEACHER: _____

CHILD'S NAME: _____ GRADE: _____ TEACHER: _____

CHILD'S NAME: _____ GRADE: _____ TEACHER: _____

MEMBERSHIP TYPE (Please select only one)

\$ 20.00 FAMILY MEMBERSHIP

\$ 2.00 ASSOCIATE MEMBERSHIP (MUST HAVE A CURRENT 2024-2025 MEMBERSHIP AT A SCHOOL OTHER THAN EDGEWATER)

NAME OF SCHOOL WHERE PRIMARY MEMBERSHIP IS HELD: _____

PAYMENT METHOD

CASH (enclosed)

CHEQUE (enclosed)

Please make cheque payable to **EDGEWATER H&S ASSOCIATION**

E-TRANSFER to treasurer.edgewaterhands@gmail.com

• Notes: 2024-2025 Membership, Your first & Last name • Question: Membership • Password: edgewater

*** Any transfers missing this information may be rejected ***

THANK YOU FOR YOUR SUPPORT!!!

* DON'T FORGET TO JOIN OUR "EDGEWATER HOME & SCHOOL" FACEBOOK PAGE



www.facebook.com/groups/330736210352863

ADMINISTRATION ONLY

MEMBERSHIP #: _____

PAYMENT RECEIVED DATE (IF E-TRANSFER): _____

POLICE CHECK FORM COMPLETE:

SIGNATURE OF EXECUTIVE: _____

