



CASTLEMAINE STEINER SCHOOL & KINDERGARTEN

APPLICATION FOR MEMBERSHIP – Castlemaine Steiner School Ltd

I, _____
(Full name – printed)

Address: _____

_____ Postcode: _____

Phone: _____

Email: _____

apply to be a member of Castlemaine Steiner School Ltd.

I agree to be bound by the School Constitution and have a commitment to support the purpose of the Company as defined in the school vision and mission statements.

The purposes for which the Company (Castlemaine Steiner School Ltd) is established are as follows:

To establish and maintain in Castlemaine and elsewhere in Victoria educational facilities and programmes for pre-school and school-age children in accordance with the Vision and Mission of the school and with the spirit of Anthroposophy and the principles and methods of Dr Rudolf Steiner.

(Constitution 2014)

Signed: _____

Date of Application: _____

Office Use:

1. Approved by the Board of Directors on (date)
2. Letter of confirmation of Membership sent on (date)
3. Membership ceased on (date)

P.O. Box 473, Castlemaine VIC 3450

Tel: (03) 5479 2000

Email: enquiries@cssk.vic.edu.au