



2019 Offer Acceptance Checklist for Associate Members

I, _____ (print name clearly) accept the offer of an Associate Membership at St Leo's College for the 2019 academic year.

Associate Member Contact Details

Name: _____

Address: _____

Email: _____

Mobile : _____

The details of the person(s) responsible for payment of my account.

1. Name: _____

Email: _____

Postal Address: _____

Phone - Home: _____

Mobile: _____

Work: _____

2. I have enclosed the **2019 Conditions of Associate Membership Form** signed by myself and my parent/guardian as appropriate.

3. I have enclosed the initial payment of \$400 (Semester One fee).

4. If requesting a Car parking space.

a. I have enclosed the Car-parking Application Form.

b. I have included registration papers to prove ownership.

5. My Student Number is (8 digits): _____

6. My UQ Student Email is: _____
(The College will use this address for all email correspondence.)

7. My date of Birth is _____

Associate Member Signature: _____ Date: _____