



Equipping For Life

## Mount Evelyn Christian School

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### APPLICATION FOR ASSOCIATION MEMBERSHIP

I want to join the Association for Christian Education of Mount Evelyn Inc. so that I can be more keenly involved in maintaining and setting directions for Parent-Governed Christian Education in our area and beyond. So I wish to make the following affirmations:

- ✓ I am committed to the Vision and Mission of the Association;
- ✓ I understand and I support the Purposes of the Association;
- ✓ I have read the Association's Educational Creed and agree with it;
- ✓ I acknowledge that membership of the Association and its operations are governed by a set of rules;
- ✓ I will endeavour to support the mission of the Association in prayer, attend the meetings of the Association, and grow in my understanding of the Association's aspirations regarding Parent-Governed Christian Education. I will also act to pass on this vision and mission to succeeding generations.

Name:

Address:

Telephone: Home

Mobile

Email Address:

Church Affiliation:

Signature:

Date:

**Please find attached a reference from a recognised leader in my community of worship.**

Endorsed by an Association  
Member.

*Return This Application Form together with your Pastoral or Leadership Team reference to  
The Community Development Officer via the school Office.*

*April 2008*