



SMOGA LIFE MEMBERSHIP APPLICATION

Student name: _____

Class of (Year 13 year): _____

Home address: _____

Email address: Personal _____

 Parent _____

YES I wish to join the SMOGA and would like the full dispersement deposit (which was paid on my acceptance to St Matthew's School) to be transferred to pay for a SMOGA lifetime membership (preferred method).

OR

YES I wish to join the SMOGA and have paid \$200 directly into the SMOGA bank account, with my last name and initial as a reference.
SMOGA Account:01-0682-0009837-00.

Your basic details: address, email etc. will be transferred to the SMOGA database which can be updated by yourself, if these details change.

Signed: _____ (parent/caregiver/student)

Date: _____