



# Application

Please write in BLOCK CAPITALS

NAME:.....

ADDRESS:.....

.....

POSTCODE:.....

TELEPHONE NUMBER:.....

EMAIL ADDRESS:.....

I wish to pay for 6 months - £6 OR  
I wish to pay for 12 months - £12 (delete as applicable)  
Payment enclosed – Cash / Cheque  
Please make cheques payable to EMC PTA Monthly Draw  
*Return this slip with payment in an envelope to Reception*

I AM / AM NOT willing for my name to be circulated as a prize winner.

I agree to abide by the EMC PTA monthly prize draw rules. Any amendment to the rules will be advised via the EMC News.

**SIGNATURE** .....**Date**.....