

APPLICATION FOR ALUMNI MEMBERSHIP

Title:	Surname:	Former surname (if applicable)
Given Name/s:		
Date of birth:	School connection: (eg student, teacher, other staff)	
Address (preferred):		
	State:	Postcode:
Contact No (preferred):	Email (preferred):	
Year of entry: (eg 2006)	Year level: (eg. Year 8)	
Year of exit:	Year level::	
Signed:		Date:

A BIT ABOUT YOU (optional): ☺

- Qualifications since leaving GGS _____
- Occupation/pursuits _____
- Brief outline of your activities since leaving GGS. (education, travel, marriage, children, achievements, connections with past students)

- I am interested in receiving Alumni news and information on past student activities.
- I am interested in being featured in the Beacon as a past student (includes photograph and one page summary on activities since leave GGS).

Please return completed application to alumni@gegs.wa.edu.au or fax to 08 9964 5598