

THE INFORMATION ON THIS FORM IS ESSENTIAL FOR OUR RECORDS AND FOR INSURANCE PURPOSES.  
 IT WILL BE USED ONLY TO ASSIST FEDERATION FULFIL POLICY AND SERVICE OBJECTIVES.  
 YOUR CO-OPERATION IN RETURNING THIS FORM AS SOON AS POSSIBLE IS APPRECIATED.

PLEASE RETURN FORM TO:  
 Federation of P&C Associations of NSW  
 Locked Bag 40 Granville NSW 2142  
 Phone: 1300885982 Fax: 1800655866  
 Email: admin@pandc.org.au

**Annual Association Record 2010**

**Name of School:** .....

**School Phone:** ..... **School Fax:** .....

**Address:**.....

**Principal:** .....

**School Education Area:** .....

**Region:** .....

**Is your P&C Association Incorporated?** **Yes/No/Unsure** (circle)

**Do members of your Association attend Regional Council meetings?** **Yes/No** (circle)

**Do you consent to Federation providing information on this form to members of the State or Regional Councils?** **Yes/No** (circle)

**The P&C Association NORMALLY meets on the:** .....  
 ..... **and the meetings are held in the** **AM/PM.** (circle)  
 (eg 1<sup>st</sup> Wednesday of each month)

	<b>President</b>	<b>Secretary</b>	<b>Treasurer</b>
<b>Name</b>			
<b>Contact Number</b>	Mobile: Home: Work:	Mobile: Home: Work:	Mobile: Home: Work:
<b>Email</b>			
<b>Postal Address</b>			

**Please list 3 projects/priorities of your P&C Association:**

**1.** .....

**2.** .....

**3.** .....

(eg 1. Air conditioning funding, 2. Anti Bullying, 3. COLA)