

Do you have access to the internet?  YES  NO



# Membership Form

First name of child: \_\_\_\_\_  M  F

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(please tick)  I/We give permission for my/our child to join the CKK Star Club.  
I/We understand you only require my/our child's first name for privacy.

Please post the completed membership form to: Constable Kenny Koala PO Box 1693 Fyshwick ACT 2609

Office Use Only: Membership Number  Joining Date

Do you have access to the internet?  YES  NO



# Class Membership Form

School Name: \_\_\_\_\_

Class Name: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Class Teacher's Email: \_\_\_\_\_

Class Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can sign up as a class and students can also sign up as individual members.  
Teachers will receive a Constable Kenny Star Club Badge for their class.

Please post the completed membership form to: Constable Kenny Koala PO Box 1693 Fyshwick ACT 2609

Office Use Only: Membership Number  Joining Date