



APPLICATION FOR INSTITUTIONAL MEMBERSHIP

1. EXACT NAME OF SCHOOL: _____

2. FULL MAILING ADDRESS OF SCHOOL: _____

P. O. BOX _____, R. R. # _____, PLACE: _____

POSTAL CODE: _____ . E-mail: _____

Note: We communicate almost exclusively by e-mail, so we need your best e-mail address.

3. NAME OF PRINCIPAL: _____

4. SCHOOL TELEPHONES: Principal's Office: ____-____ Fax: ____-____

Teachers' Room(s): ____-____ ____-____

I authorize publication to Society members of all personal information provided below.

5. INFORMATION ON OFFICIAL DEBATING ADVISOR AT THE SCHOOL:

FULL NAME: _____ HOME TELEPHONE: ____-____

BEST MAILING ADDRESS: _____

_____ POSTAL CODE: _____

6. NAMES, ADDRESSES AND HOME TELEPHONE NUMBERS OF OTHER STAFF ADVISOR(S):

7. DIRECTIONS FOR REACHING THE SCHOOL (for a person traveling from Halifax)

8. Does your school have: (___) Junior High Students? (___) Senior High Students?

ON BEHALF OF THE ABOVE-NAMED SCHOOL, I HEREBY APPLY FOR INSTITUTIONAL MEMBERSHIP IN THE NOVA SCOTIA DEBATING SOCIETY FOR THIS SOCIETY (SCHOOL) YEAR.

Date: _____

Signature: _____

Please mail this form and your \$25.00 cheque (made payable to "Nova Scotia Debating Society") to 56 Lorne Avenue, Dartmouth, N. S. B2Y 3E7, as early in the school year as possible.