

Website: <u>slcswa.org.au</u>

Email: treasurer@slcswa.org.au

Membership Application Form

Applicant	Given Name	Middle Name	Family Name
Main Applicant			
Spouse			
Child - 1			
Child - 2			
Child - 3			
Child - 4			

Residential Address:	
Home Phone Number:	Mobile Phone Number:

Main Applicant's email:

Member Category	Annual Subscription	Tick
Ordinary Family	\$25.00	
Individual	\$12.50	
Pensioner/Pensioner Family	\$10.00	
Students (Please prove your eligibility)	Free	
First year of WA Resident (Please prove your eligibility)	Free	

 * Membership is valid from 1 $^{\rm st}$ July to 30 $^{\rm th}$ June of the following financial Year

I/we wish to update/apply for membership of the Sri Lankan Cultural Society of Western Australia and agree to abide by its constitution, rules and regulations. I/we also give consent to SLCSWA to use my/our photos and or images to use in its publications, social media and on the website.

Main Applicant's Signature

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Date																																												

NEW Bank Details

(Please record the transaction/receipt No. below – if paid by EFT/Bank deposit)

Account Name: Sri Lankan Cultural Society of Western Australia (SLCSWA)												
Bank: Commonwealth Bank of Australia BSB: 066-164 Account No: 10630801												
Transaction/Receipt No:												
Please email completed application to treasurer@slcswa.org.au												
Office Use Only												
Application approved/rejected.	Members	nip No:										
Treasurer		Date										