

SRI LANKAN SINHALESE BUDDHIST SOCIETY INC.

78 Austin Avenue, Kenwick, WA 6107, Australia

Phone: (08) 9493 0040 (ABN: 44 900 214 156)

MEMBERSHIP APPLICATION FORM

Surname:		First Name:	
Names of Children:			
2			
3			
4			
Mailing Address:			
No & Name of Street:			
Suburb:		Postcode: WA	······
Home Phone:	Mobile:	Fax:	
Email Address:	Alt. E	mail Address:	
MONTHLY DONATION	1		
I wish to make a donati	on of \$20.00 (or other \$) per month, 50% of which will be tow	ards the
Building fund and the b	alance towards the maintenance of	the Sri Lanka Buddhist Vihara, Perth.	
Payment will be made t	by me on a Monthly / Quarterly or A	innual basis.	
l enclose herewith ca	ash / Cheque for \$	as my initial Donation.	
Methods of Payment	: (Please tick your preferred me	ethod)	
		016-002	
(Please include a shor	rtened form of your name in your inte	ernet transfer to help us identify your remittance)
Date:	S	Signature:	
Office use only:			
Notes:		Membership No:	
Secretary's Signature	<u>5</u> :	Date:	