

Gujarati Samaj of ACT - AUSTRALIA

MEMBERSHIP REGISTRATION FORM – FY 2016-2017

Please write in BLOCK LETTERS. Tick where applicable ✓

New Membership Renewal – N/A | Family [\$10] Single [\$5]

PERSONAL DETAILS

Name			
Address	Street No :		
	Street Name :		
	Suburb :	Post code :	
	State :		
Contact No	Work :	Home:	Mobile :

Preferred Email Address :

Alternate Email address :

Specific Interest :

FAMILY DETAILS

Spouse's Name			
No. of toddlers in the family			
No. of school going children in the family			
No. of other adults dependent in the family (Parents/In-laws/ College Going Children's)			

Note: 1. Applicant must be of Gujarati origin or resident of Gujarat state in India before migrating to Australia. 2. Membership form will be reviewed and approved by volunteer's team and if membership is not accepted due to whatever reasons, membership fee will be refunded to applicant without advising any reason. 3. If you are not getting email from the Gujarati Samaj (and/or if you want to update your details), please register your email address to volunteers@gujaratisamajcanberra.com for future event notification & community announcements.

Declaration: In the event of any function or meeting my/our admission as a member, I/We agree to abide by the rules of the Gujarati Samaj of ACT.

Signature Of Applicant: _____ Date: _____

Please retain a copy of this application for your own records

Proposed by: Name: _____ **Signature:** _____

Seconded by: Name : _____ **Signature:** _____

Proposer and seconder must be a current member of GSA.

Payment advice: By Cash EFT Commonwealth Bank BSB:062-913 A/c: 1075 0061

COMPLETE THIS FORM AND RETURN BY

Email	Please send the form and receipt of EFT to volunteers@gujaratisamajcanberra.com
Person	List of Volunteer(s) can be found at : http://gujaratisamajcanberra.com/?page_id=112

Privacy Statement:

Gujarati Samaj of ACT AUSTRALIA is committed to protecting the privacy of your personal information. Your information provided on this form will be used by the Gujarati Samaj of ACT (GSA) to: process your application form, contact you, conduct analysis to identify the ongoing needs of members, provide you with updated information and activities conducted by GSA. The GSA may disclose personal information which you have provided in this form to various committee members for the purpose as outlined above. You have the right to access any personal information which Samaj holds about you. You may also request the correction of information which is inaccurate.

FOR OFFICE USE:

Received the amount - \$10 \$5 BY: _____ Deposit to bank on _____
 Update database – Yes No Need Information Others