



SINHALA

**Association of
Queensland Inc**

P. O. Box 6355
Upper Mt Gravatt, Qld 4122
INC. IA11423



Application for Membership

Name:

Address:

Home Phone: Mobile:

Email Address:

Name of Spouse/Partner:

Names of family members: (Male/Female)

..... (Male/Female)

..... (Male/Female)

..... (Male/Female)

Skills that can be offered:

.....

I hereby agree to be bound by the constitution of Sinhala Association of Queensland.

.....
Signature

.....
Date

Membership Fee / Family

- \$20 per year
- \$ 80 for 5 years
- \$ 150 for 10 years

Direct debit instructions:

Please deposit membership subscriptions to the following bank account. If possible indicate your name in the description field. Also please send an email to treasurer@queenslandsinhala.org indicating your name, address and contact phone number. (If possible please attach a copy of the application form – for new members only).

Bank: Commonwealth Bank
BSB Number: 064 000
Account Number: 10489172

Membership Offered

Membership No:

Date: