

கன்பரா தமிழ்ச் சங்கம் இணைக்கப்பட்டது
Canberra Tamil Association Incorporated
ABN: 38 979 331 431
PO Box 44, Civic Square, ACT 2608, Australia



canberratamilassociation.org.au

PERSONAL INFORMATION

Last Name:	First Name:	Prefix*: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> Ms.	Marital status*: <input type="checkbox"/> Single <input type="checkbox"/> Married Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City: State:		Postcode:
Email Address:	Home phone number: ()	Mobile phone number: 04	

MEMBERSHIP CATEGORY*

<input type="checkbox"/> Family (\$30)	<input type="checkbox"/> Concession Family (\$20)	<input type="checkbox"/> Associate Single and Family (\$20)
<input type="checkbox"/> Single (\$15)	<input type="checkbox"/> Concession Single (\$10)	

PRIVACY OPTIONS*

I consent to my name, address and phone number to be included in the Canberra Tamil Association Members List for circulation within members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to my email address to be used for purpose of receiving Canberra Tamil Association letters and community notices.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I, the undersigned hereby apply for membership of Canberra Tamil Association (CTA) and agree to abide by the CTA constitution.

Signature

Date

* Tick appropriate box/boxes as required.

① Both current and new members are required to fill this form to enable CTA to update the records.

OFFICE USE ONLY

Membership Number :	Membership Year:
Membership Category:	Fee Paid : <input type="checkbox"/> Yes <input type="checkbox"/> No
Membership Fee :	Treasurer :