



he Melbourne Vinayagar Hindu Sangam Inc.

ABN 50 275 645 361 Reg. No. A0020949F

P O Box 146, The Basin, VIC 3154

Mobile Temple : 0436001881 Canteen:

Membership Application Form

Photo	Serial Number	_____
	Application Date	_____
	Class of Membership Applied For:	_____ Ordinary / Life / Trustee
<i>For Existing Members only</i>		
	Ordinary Member since	_____
	Life Member since	_____

First Name _____ Last Name _____

Address: _____ State : _____

Postcode _____ Land line : _____ Mobile : _____

Preferred Email _____

Amount Paid	Date of Payment	Receipt No:
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I acknowledge receipt a copy of the constitution of MHVS and hereby accept the terms and conditions of the Constitution and will abide by it.

Signature of Applicant _____

Signature of Proposer _____

Name of Proposer _____ M/S # _____

Signature of Seconder _____

Name of Seconder _____ M/S # _____

For Office Use only

Please attach a photocopy of all payment receipts to this form.

Date of the Meeting on which the member's application was approved _____

Letter confirming the application is issued upon the MC approval and a copy to be kept in the membership file.

Please issue a Membership registration number to the Member

We the undersign confirm that the above have been completed.

Secretary _____ President _____

Date _____ Date _____