

# TELUGU ASSOCIATION OF PERTH INC.

## MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS			
	MAIN APPLICANT	SPOUSE	
FIRST NAME			
LAST NAME			
MIDDLE NAMES, (IF ANY)			
NATIVE PLACE			
CITIZENSHIP			
EMAIL			
MOBILE			
DATE OF BIRTH			
ADDRESS			
SUBURB		POST CODE	
HOME PHONE		ANY OTHER PHONE	
CHILDRENS, IF MEMBERS' PREVILEGES DESIRED (UNDER 18 YEARS)			
NAME		NAME	
NAME		NAME	
REFERENCE OF EXISTING TAP MEMBERS, IF ANY			
MEMBERSHIP DETAILS			
LIFE MEMBERSHIP FOR FULL-TIME STUDENTS ABOVE 18 YEARS (\$50)	<input type="checkbox"/>		
LIFE MEMBERSHIP FOR OTHER SINGLES & FAMILIES (\$100)	<input type="checkbox"/>		
DIRECT DEBIT DETAILS	<ul style="list-style-type: none"> <li>✓ Telugu Association of Perth Inc.(TAP)</li> <li>✓ <b>Commonwealth Bank</b> BSB No: <b>06 6124</b> Account No: <b>1034 4196</b></li> <li>✓ <i>Please write name of the applicant in "To account description (reference)" column.</i></li> </ul>		
OTHER INFORMATION	<ul style="list-style-type: none"> <li>✓ <i>50% of membership fee will be refunded if resigned for the membership any time – no need to detail any reason for the resignation.</i></li> <li>✓ <i>Both memberships have equal rights.</i></li> <li>✓ <i>Payment can be made by cash to Executive General Secretary or Executive Treasurer.</i></li> </ul>		
DECLARATION			
<input checked="" type="checkbox"/> I declare that I have read, understood, accept and abide by the constitution of Telugu Association of Perth Inc. (TAP) as amended time to time. I also promise to work for the development of Telugu Association of Perth Inc.			
<p>I declare that the information provided in this form is true to my knowledge and I authorize TAP to verify the information provided in this form any time. I understand the membership is effective from the date of this application form is approved by the Executive Committee of TAP. I understand and agree that my contact details will be used by TAP in website, for communication purposes and newsletters.</p>			
SIGNATURE OF APPLICANT		DATE	/ /
SIGNATURE OF SPOUSE		DATE	/ /
<p><i>No wet signatures needed, if this form is filled electronically and sent from the applicant's email address. Otherwise, print, fill the details, sign and send the filled-up form to any of Executive Committee members of TAP or by email to <a href="mailto:secretary.tap@gmail.com">secretary.tap@gmail.com</a> (Mobile: +61 411 824 999)</i></p>			