



VANZA SOCIETY OF WESTERN AUSTRALIA (INC)

APPLICATION FORM FOR SUBSCRIBED MEMBERSHIP

To: The Managing committee of Vanza Society of Western Australia (INC)

I DESIRE TO BECOME A Subscribed Member of the Vanza Society of Western Australia (INC) and confirm that I am 18 years of age.

I enclose herewith \$10.00 towards the membership fees

In the event of acceptance of my Subscribed Membership request, I agree to be bound by the Constitution and any by-laws of the Vanza Society of Western Australia (INC)

Title *denotes required

*Surname

*First Name Other Names

Date of Birth Occupation

*Are you a Vanza If no please specify

Village in India Migrated from

*Address

*Suburb

*Contact Number *Post code

*E-mail

All membership details shall be kept confidential and be used for the sole purpose of contacting the membership of for internal use only to analyse trends for organizing events and functions.

Signature of Applicant

Name

Date

FOR OFFICE USE ONLY

Registration Number

Fee Paid

Receipt Number

Date