

Jaffna Hindu College Old Boys Association of Australia NSW Branch

PO BOX 166, Pendle Hill, NSW 2145 Australia www.jhcobasydney.org.au

Membership Registration Form

Date of Application:/		Form No:	
Full Name:			
Residential Address:			
Home Phone:	Mobile Phone:		•••••
Email Address:			••••••
Jaffna Hindu College Period:	to		••••••
Optional:			
Interested Sports Activities:		••••••	•••••
Field of Specialty:			••••••
I hereby certify that all the abo	ove information is true and correc	ct to the best of my kn	owledge and belief.
Signature of the Applicant			
Proposed by:			
Membership No.	Name:	Signature:	Date:
			//
Seconded by:			
•••••	•••••	•••••	//
For Office use only:			
Payment Received:			
Membership Recorded:			
Membership Number			
		Secretary /	Treasurer

JHC OBA Sydney Page 1 of 1