Membership Registration Form



Jaffna Hindu College Old Boys Association of Australia NSW Branch

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

Date of Application:	/	Form No:_	
Residential Address:			
	Mobile Phone:		
Jaffna Hindu College Period:	to		
Optional:			
Interested Sports Activities:			
Field of Specialty:			
I hereby certify that all the ab	ove information is true and corr	ect to the best of my l	knowledge and bel
Signature of the Applican	t		
Proposed by:			
Membership No.	Name:	Signature:	Date:
			//
Seconded by:			
			//
For Office use only:			
Payment Received:			
Membership Recorded:			
Membership Number			
		Secretary	/ Treasurer

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