HINDU SOCIETY OF QLD INC.

# ABN 62 515 008 806

**ESTABLISHED 1992 & INCORPORATION No IA09788**

**POSTAL ADDRESS:** PO BOX 73, Taigum QLD 4018

178 Lyndhurst Road, Boondall, QLD 4034  **Phone:** (07) 3865 3164

**E:** 'nimshandil@gmail.com' or [gayatrimandirqld@gmail.com](mailto:gayatrimandirqld@gmail.com)

**F:** Hindu Society of QLD’s Gayatri Mandir **W:** www**.** hindusocietyqld.org.au

**MEMBERSHIP APPLICATION/RENEWAL FORM**

NAME: Mr/Mrs/ Ms/Dr…………………………………………………………………………………………………………………………………….. Address:…………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………… Post Code:…………………………………………………….. Telephone:……………………………………………………………………………. Mobile:………………………………………....................... E-mail:……………………………………………………………………………………………………………………………………………………………….

Membership conditions:

1. I agree to abide by the rules and regulations of Hindu Society of Qld. Inc. and act in the best interest of the Society at all times.
2. I understand that my application for new membership needs to be approved by the Management Committee of the Hindu Society of Qld. Inc.
3. Your personal details will be kept in Strict Confidence.

Signed:……………………………………………………………………………………Date:…………………………………………………………………

# MEMBERSHIP SUBSCRIPTION

I wish to apply for ORDINARY membership Family ($20.00) I wish to apply for ORDINARY membership Single ($10.00)

I wish to RENEW my membership - Family $20.00 or Single $10.00 (cross whichever is not applicable) I wish to apply for LIFE membership ($500)

**Amount paid: $** Method of Payment: Cash/EFT.

**Bank Detail**: Bank:………………………………………………………………………Branch:……………………..…………………………………..

***Please post or email applications to above postal address or email address.***

# FOR NEW MEMBERSHIPS APPLICATIONS ONLY

I, a member of the Association, propose the applicant for

membership of the Association **Signature**...……………………………………..**Date**….……………………………………….

I, a member of the Association, second the applicant’s

application for membership of the Association **Signature**……..…………………………………..**Date**…………………………………………..

**OFFICE USE ONLY**

Receipt No:…………………………………………………….Issued on..…………………………………………………………………………………………………….. Application approved by Committee Yes No, at meeting held on (date)

Signature President/Secretary (cross whichever is not applicable) …………………………………………………………………………………………