



# Application for Membership

(Individual or Group)

## HELP Sri Lanka Incorporated

Incorporation #: A0046766P ABN 37 481 268 009  
Postal Address: P. O. Box 749, Mount Waverley 3149

INDIVIDUAL				GROUP			
NAME				NAME			
ADDRESS				ADDRESS			
STATE		POST CODE		STATE		POST CODE	
PHONE				PHONE			
MOBILE				MOBILE			
E-MAIL				E-MAIL			
In the event of my admission as a member, I agree to abide by the rules of the Association for the time in force.				In the event of our admission as a member, we agree to abide by the rules of the Association for the time in force.			
Signature of Applicant				Signature of President			
DATE				DATE			
				Signature of Secretary			
				DATE			
<b>PROPOSER &amp; SECONDER OF APPLICATION FOR MEMBERSHIP</b> (must be Financial members of HELP Sri Lanka Inc.) SEND FORM PROPOSER/SECONDER WILL BE ARRANGED IF REQUIRED				<b>PROPOSER &amp; SECONDER OF APPLICATION FOR MEMBERSHIP</b> (must be Financial members of HELP Sri Lanka Inc.) SEND FORM PROPOSER/SECONDER WILL BE ARRANGED IF REQUIRED			
Name of Proposer				Name of Proposer			
Signature				Signature			
Date				Date			
Name of Seconder				Name of Seconder			
Signature				Signature			
Date				Date			

Office Use	Date processed		Receipt No.:	
Joining Fee	\$1		Membership fee	\$10