

Membership Form

Please send it to: HTCC, 81 Ratcliffe Crescent, Florey ACT 2615 or secretary@htcc.org.au

Name: _____ Telephone No: _____ Email : _____

Spouse Name: _____ Telephone No: _____ Email: _____

Other Family Members: _____

Address: _____

Special Interests: _____

Proposed by: _____ Telephone No: _____ Email: _____

Seconded by: _____ Telephone No: _____ Email: _____

Note: Proposer and seconder must be Life member of HTCC

My contact details can be released to other HTCC members: Yes No

I/We will abide by the rules and regulations governing the HTCC and HTCC objectives.

Signature: _____ Date: __/__/____ Signature: _____ Date: __/__/____
(Applicant) (Spouse)

PAYMENT DETAILS

Please tick Any one box

Annual Member - Single \$21 pa. Annual Member – Family \$31 pa. Life Member \$251

I have enclosed a personal cheque/ money order for \$ _____ made payable to 'Hindu Temple & Cultural Centre of the ACT (Inc.)

I have made a direct deposit (from an account with my name) of \$ _____ in the following account:

Account Name: Hindu Temple & Cultural Centre of the ACT (Inc.)
BSB: 062-913 Account Number 0090 3107

For Credit Card Payment, please visit temple. EFPOS machine is available at temple .

I have made a payment of \$ _____ in cash to Mr./Mrs. _____ (a committee member).