



# Membership Application Form

ACT Telangana Association ABN: 17 383 728 713

Title/Surname/Given name

Gender

DOB(dd/mm)

Contact details

Mobile

Home

Email address

Address

POSTCODE

Family members

#	Name	Relationship	DOB(dd/mm)	Gender	Email/Mobile
1					
2					
3					
4					
5					

Membership type

- Life member - \$251 for family or single  
 Annual member - \$50 for family or single)

Payment method

- Cheque account payable to *Act Telangana Association-Canberra*  
 Cash  
 Bank transfer to *Act Telangana Association, BSB:062-913, A/C:109 577 40*

Committee member name:

Declaration:

- I would like to receive by email or SMS notification from ACTTA.  
 I agree to list my details in ACTTA for other members to contact me.  
 I want to help ACTTA as a volunteer in events.  
 I agree to \*objectives of ACTTA and hereby apply for membership to the ACTTA. I have declared that all the information provided in this form is true and correct of best of my knowledge.

Signature:

Date: