



S. Thomas' College Mount Lavinia, Sri Lanka O.B.A.

Australian Branch Inc

ABN 18 114 799 661

PO Box 2337, Mount Waverley, 3149

www.stcobaust.org.au

APPLICATION FOR MEMBERSHIP

I desire to become a member of S. Thomas' College Mount Lavinia, Sri Lanka O.B.A. Australian Branch Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force

Surname:			
Given Names:			
Address:			
	State:	Postcode:	
Telephone/	Home:	Business:	
E-mail:	Mobile:	E-mail:	
College Branch Attended:	From:	To:	

Signature of Applicant: Date:

I, a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer: Date:

I, a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder: Date:

MEMBERSHIP RENEWAL/CHANGE OF ADDRESS

Membership renewal Change of Address

Name:			
Address:			
	State:	Postcode:	
Telephone/	Home:	Business:	
E-mail:	Mobile:	E-mail:	

PAYMENT METHOD

Here is my payment of \$ [] [2009 subs = \$25 (full-time students' & pensioners' concession = \$10)]

My Cheque/Money Order is enclosed (Cheques in favour of S.Thomas' College OBA)

Debit my Credit Card Number: [] [] [] []

Mastercard Visa (Please tick) Expiry: [] []

Cardholder's Signature: _____

Cardholder's Name (as on credit card): _____

Complete and post to: Membership Secretary PO Box 2337 Mt. Waverley, VIC 3149	Enquiries/Contact: Trevor Meares 0402 338 637	Committee use only	
		<input type="checkbox"/> Application approved	<input type="checkbox"/> Payment recorded
		<input type="checkbox"/> Member notified	<input type="checkbox"/> Register updated