



Canberra Hindu Mandir Inc

ABN 17 487 375 497

Membership Application Form

Full name:

Last name

Middle Initial

Given Name

Address:

Home phone:

Street address

Mobile phone:

City

State

Postcode

Primary e-mail:

I would like to be included in
WhatsApp communication group/s

Secondary
e-mail:

☐

I would like to receive e-mails.

I would like to apply for the following membership category (Please highlight the box)**

☐

I would like to join as a lifetime
membership. \$501

☐

I would like to join as a Trustee for CHM.
\$15,551.

☐

I would like to join as an annual
membership. \$ 51

If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

.....

Signature of the Devotee

Date

I,, (*full name*), a CHM, Annual/Life/Trustee member (strike off that is not relevant), nominate the applicant, who is personally known to me, for the membership of the association.

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(*Signature of proposer*) Date

Note: Any membership fees paid cannot be claimed as tax deductible.

Payment: **PayID: membership@hindumandir.org.au**

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Please send the completed and signed form to : info@hindumandir.org.au

Should you have further questions, please contact any of the following committee members: Ramakrishna Prasad Gutta - 0419 998 991 or Radhika Reddy - 0410 587 871 or Divya Ravikumar - 0406 658 333 or Vijay Raj Chadavada - 0433 693 698

**** Applications will be accepted at the discretion of the committee.**