Sri Venkateswara Temple Helensburgh Limited

No. 1 Temple Road, Helensburgh, NSW 2508 Phone: (02) 4294 9233 Website: <u>www.svtsydney.org</u>

Student Membership Application Form

After completing this Form, attach and post with payment to the Secretary to the above address

Parent or legal guardian to complete Student Membershi	p Application (please write legibly):
I,	acity as parent / legal guardian hereby apply for the
Upon admission of the applicant as a Student Member, I Constitution of the Company. My personal details provide purposes.	
Full Name of Student member applicant (Master/Miss): _	
Address:	Suburb:
Post Code: Email:	
Phone: Dat	e of birth:
Parent/Legal guardian of Student member applicant: Full Name (Mr/Mrs/Ms/Dr):	· · · · · · · · · · · · · · · · · · ·
Address:	Suburb:
Post Code: Email:	· · · · · · · · · · · · · · · · · · ·
Phone: Dat	e of birth:
Signature:	Date:
Nominated by: I,	
Signature	Date:
Seconded by: I,second the applicant, who is known to me personally, for	, Membership No: membership of the Company.
Signature	Date:



Full name of Student member applicant:					
Full name of parent or legal guardian:					
	k one): SVT Student Me				
☐ DIRECT DEPOSIT: Internet Transfer or Direct Deposit Cash or Cheque to Commbank BSB: 062-190 Account No: 1002 6024 Account Name: SVT Helensburgh Limited					
POST CHEQUE for \$110 Payable to SVT Helensburgh Limited Mail to: The Treasurer, SVT Helensburgh Limited, No. 1 Temple Road, Helensburgh, NSW 2508.					
☐ PAY BY CREDIT CARD:					
Payment can be made at the Temple Counter.					
☐ Visa	☐ MasterCard	(AMEX not accepted)			
Card Number:		<u> </u>		EXP/	
Name on CardSignature:					
		FOR OFFICE USE ONL	Y		
FORM RECEIVED BY:		DATE	SIGNATURE		
PAYMENT TYPE:		DATE	SIGNATURE		