



S Thomas College Mt Lavinia Sri Lanka OBA Australian Branch Inc.

ABN 18 114 799 661

PO Box 2337, Mount Waverley, 3149

www.stcobaust.org.au

(1) APPLICATION FOR MEMBERSHIP

I desire to become a member of S. Thomas' College Mount Lavinia, Sri Lanka O.B.A. Australian Branch Inc. On admission as a member, I agree to be bound by the rules of the Association.

Surname:			Date of Birth:	/	/
Given Names:					
Address:			State:		
			Postcode:		
Telephone/ E-mail:	Home:	Business:			
	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:

(2) MEMBERSHIP RENEWAL/CHANGE OF ADDRESS

Membership renewal	Change of Address
Name:	
Address:	
	State: Postcode:
Telephone/ E-mail:	Home: Business:
	Mobile: E-mail:

(3) PAYMENT METHOD

NOTE: 2017 subs = \$25; Full-time students' & pensioners' concession = \$10.

Cash/Cheque/Money Order* for \$_____ is enclosed (in favour of S. Thomas' College OBA)

I have credited STCOBA's account online at CBA, Mount Waverley BSB 063-151, Account No. 1002-9468, in the sum of \$_____ having clearly recorded my name as remitter for identification purposes.

Debit my Credit Card Number: _____ with \$_____
Mastercard Visa (Please tick) Expiry: Cardholder's Signature: _____

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

* Delete whichever is inapplicable # Plus bank charges

NOTE: NEW MEMBERS FILL SECTIONS (1) & (3); EXISTING MEMBERS FILL SECTIONS (2) & (3)		Committee use only
Complete and post to:	Enquiries/Contact:	Application approved
Membership Secretary	Jayampathy (Pajjo) Silva	Payment recorded
PO Box 2337	pjosilva@tpg.com.au	Member notified
Mt. Waverley, VIC 3149	0418619382	Register updated