



SRI LANKA AUSTRALIA FRIENDSHIP ASSOCIATION INC

MEMBERSHIP APPLICATION FORM

Name : _____

Address : _____

Telephone/ Mobile : _____

Email (1): _____

Email (2): _____

I hereby apply for membership of the Sri Lanka Australia Friendship Association and agree to be bound by its Constitution.

Membership Type:

Family:\$20 Single: \$15 Student:\$10 Life Membership: \$100

Membership is valid for a financial year from 01st of July to 30th June.

Signature

Date

Banking Details for EFT

Bank – Commonwealth Bank

Branch – Casuarina

BSB – 065903

Account – 0090 2550

Account name – Sri Lanka Australia Friendship Association

(If making an EFT transfer please enter your name in the reference box and advise us by email of the payment.)



<https://www.facebook.com/SLAFANT>



slafa-nt@outlook.com / nt.slafa@gmail.com



<http://www.slafa.org.au/>