

ARYA PRATHINIDHI SABHA & ARYA SAMAJ OF MELBOURNE INC.

MEMBERSHIP APPLICATION FORM

Applicant's Full Name: _____

Applicants address: _____

Date Of Birth: ____ / ____ / ____ (dd/mm/yyyy)

OR

I'm 18 years of age or over.

Telephone: _____

E-mail: _____

I authorise Arya Prathinidhi Sabha and Arya Samaj Of Melbourne Inc. to provide my following contact details to other members of Arya Prathinidhi Sabha and Arya Samaj Of Melbourne with the understanding that it is to be used for Samaj purposes only.

Address

Telephone / mobile

E-mail

(Please submit a joining fee of \$10.00 with the application. The fee will be refunded to unsuccessful applicants).

Declaration:

1. I declare that the information I have provided on this application form is correct.
2. I declare that I will follow the principles of Arya Samaj to the best of my ability.
3. As a member of Arya Prathinidhi Sabha and Arya Samaj Of Melbourne, I will abide by the rules, regulations and constitution of the Samaj and work towards fulfilling the objectives of the Samaj adhering to the teachings of the Rishis.

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Applicant's Signature

Date

Office use only:

Date Received ____ / ____ / _____

Application Fee Receipt #: _____

Application Approved / Disapproved

Secretary (Signature & Date) _____

Reason for Disapproval (If application unsuccessful) _____
