



Sri Lankan Hoteliers & Caterers Association of (NSW) Inc. Australia.

(Incorporated under the Association Incorporation Act, 1984, No: INC 9874213)

PO Box 2534
Carlingford
NSW 2118.

Tel/Fax: +61 (0)2 9682 5857
E-Mail: info@slhca.com.au
Website: www.slhca.com.au

Application for Renewal of Fellow Membership

| | | | | |
|----------------------|----------|--|--|--|
| Membership No | F | | | |
|----------------------|----------|--|--|--|

| Personal Information | |
|----------------------|--|
| Name: Mr./Ms./Mrs. | |

| Residential Address | | | |
|---------------------|-------|----------|--|
| Street | | | |
| Suburb | State | Postcode | |

| Contact Information | | | |
|---------------------|--|-----------|--|
| Tel (Residence) | | Mobile | |
| | | Facsimile | |
| Tel (Office) | | E-Mail | |

| Employment Details | |
|--------------------|----------|
| Current Employment | Position |

| Membership Category | Financial Year |
|--------------------------|----------------|
| Fellow Member AU \$50.00 | 2011/2012 |

Note: Cheque payments to be drawn in favour of **“Sri Lankan Hoteliers and Caterers Association”**

I wish to renew my membership of the Sri Lankan Hoteliers and Caterers Association of NSW Inc and I agree to uphold the objectives of the above Association and will abide by its Constitution.

Signature of ApplicantDate

| FOR OFFICE USE ONLY | |
|--|--|
| <p>This renewal has been Approved./ Not Approved on this..... day of..... -.....in the year.....</p> <p>.....</p> <p>President Secretary</p> <p>Membership \$:.....Received. Receipt No:.....Date:...../...../.....</p> <p>.....</p> <p>Treasurer</p> | |