



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 Membership

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

Residential Address					
Street					
Suburb		State		Postcode	

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

Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	(Year is Optional)
D	D	M	M	Y	Y	Y	Y			

Employment Details			
Current Employment		Position	

Previous Employment History			
Employer	Position	Period	
		From	To

Membership Category	Financial Year
Member AU \$40.00	2011/2012

I wish to apply for the 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. (Please note that membership is subject to approval by the Executive Committee).

Signature of Applicant

Date

	Proposer	Secunder
Name		
Membership No		
Signature		

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