



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	