



ក្រុមប្រឹក្សាសុខុមាលភាពខ្មែរ-អូស្ត្រាលីនៃរដ្ឋញូវសៅវែល សាជីវកម្ម
CAMBODIAN-AUSTRALIAN WELFARE COUNCIL OF NSW INC.

APPLICATION FOR MEMBERSHIP OR RENEWAL

I hereby apply to become a member of **CAMBODIAN-AUSTRALIAN WELFARE COUNCIL OF NSW INC.**, which holds monthly meetings as KHMER INTERAGENCY. My current details for the data base are as follows:

NAME: / /

Title First Name Surname

JOB TITLE:

PLACE OF WORK:

WORK ADDRESS:

TELEPHONE NO: (Business)(Home)

MOBILE NO:

FAX: (Business) (Home)

MAILING ADDRESS (if different from above):

EMAIL ADDRESS:

New _____ Renew _____ years – 1 2 3 4 Lapsed _____

SIGNATURE:Date:

Membership fee of **\$5.00** attached. Fee for pensioners and welfare recipients **\$2.00**

For office use only:

_____ Individual Member _____ Organisation Member

Date Received:

Noted: Secretary _____ Worker _____