



# KAIRALI

Perth Malayali Cultural Club

## MEMBERSHIP FORM

TO: THE COMMITTEE OF KAIRALI (PERTH MALAYALI CULTURAL CLUB) INC.

I/We desire to become (a) member(s) of the KAIRALI (PERTH MALAYALI CULTURAL CLUB) INC. for the category indicated below. I/We enclose my/our admission fee of \$..... and membership fee of \$..... for the year ending 30 June ..... in the event of my/our admission. I/We agree to be bound by the Constitution and any by-laws of the KAIRALI (PERTH MALAYALI CULTURAL CLUB) INC. for the time being in force.

I/We acknowledge that under the constitution of the Club, the rights and privileges of membership to the club will not extend to any other individual, other than those family members included in the membership below.

### Membership Category

Individual       Associate<sup>1</sup>       Family

### Applicant Details

<b>Full Name</b>	
<b>Occupation</b>	
<b>Address</b>	
<b>Landline Telephone Number</b>	
<b>Mobile Phone Number</b>	
<b>Email Address</b>	
<b>Spouse's Full Name</b> (where applicable)	
<b>Spouse's Mobile Phone Number</b> (where applicable)	
<b>Spouse's Email Address</b> (where applicable)	

### Details of Children Under 21 Years of Age (where applicable)

	Name in Full	Year of Birth
Child 1		
Child 2		
Child 3		

..... Dated this ..... day of .....

**Signature of the Applicant**

### PROPOSER AND SECONDER<sup>2</sup>

We hereby nominate the above named person/family as (a) member(s) of the Club and believe that she/he/they is/are in every respect eligible and (a) fit and proper person(s) to be (a) member(s) of the Club.

**Full Name**

**Signature**

**Proposer** .....

**Secunder** .....

<sup>1</sup> An "Associate Member" is an individual member who applies for a concessional membership rate by virtue of being a pensioner, unemployed, or a full time student.

<sup>2</sup> Every application for membership of the Club shall be signed by the Applicant and by two members of the Club as Proposer and Secunder. Annual

**Admission Fees \$20, Membership Fees :Family \$45, Individual \$25, Associate \$20.**

Electronic Fund Transfer can be made to **Account name:** Kairali Inc. **BSB:**306 066 **Account number :**4171760