ASKA NSW COMMUNITY INC.

PO BOX 496 AUBURN NSW 1835

Registered Number: INC1900654

Telephone:0424758775

Email: nswaska@gmail.com

www.aska.org.au

APPLICATION FORM

Section "A" (To be completed by the applicant who is over 21 years old Only)

Name of applicant: ……

Email: ..... **Mob:** .....

Address: ……

Telephone: ……

Marital status (optional): single ☐ married ☐

Emergency contact:

Name: ……..... **Phone number:** .....

Family doctor details:

Name: .....

Phone: .....

Address: .....

……

……

Details of children under the age old 21 years residing in AUSTRALIA

Name	Date of birth	Gender
		M ☐ F ☐
		M ☐ F ☐
		M ☐ F ☐
		M ☐ F ☐
		M ☐ F ☐
		M ☐ F ☐
		M ☐ F ☐

I the undersigned do solemnly declare that the information given on this form is correct.

I will abide by the rules of ASKA NSW INC. A copy of which I have received.

Sign. …… Date ……

Section " B " For office use only.

Membership No…….. Date…….. Renewal Date ……..

Secretary/Treasurer of ASKA ..... Date .....

Comments ……