



# Sree Narayana Mission Adelaide

Adelaide, Australia

## Membership Application Form

<b>Member Information:</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Spouse Name:</b>		
<b>Gender:</b>		
<b>Occupation:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Email ID:</b>		
<b>Mobile Number:</b>		
<b>Family Members Information:</b>		
1.		
2.		
3.		
4.		
5.		

☐

*I agree that I shall abide the rules and regulations of Sree Narayana Mission Adelaide.*

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*I give consent to any SNMA related photos depicting me or my family to be used and published in SNMA related medias.*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**SNMA**