



Bethel Mar Thoma Church Sydney Inc.

368, Punchbowl Road, Post Box No. 36, Belfield, NSW – 2191

Phone: 02 – 9758 7818 Mob: 0400 221 158

Email: vicar@sydneyarthoma.org.au

MEMBERSHIP FORM

Photograph of the Applicant

4x4

A. PARTICULARS

- Name in Full: _____
- Contact No: _____ Sex: M / F Date of Birth: _____
- Email ID: _____
- Address Line 1: _____
- Address Line 2: _____
- Qualification & Profession: _____
- If working, Office Address & Tel No: _____
- Mother Parish: _____
- Home Address in India: _____
- Telephone in India: _____ Reached Sydney on: _____
- Married Unmarried If married, whether family lives in Sydney: Yes No
- Whether Transfer Certificate from the Previous Parish is furnished: Yes No
- If not, the date of submitting the Affidavit: _____

B. DETAILS OF FAMILY

- Name of Spouse: _____ Date of Birth: _____
- Spouse Contact No: _____ Marriage Date: _____
- Email ID: _____
- Whether working or not: Yes No
- Home Parish: _____
- If working, Office Address & Tel No: _____

NAME(S) OF CHILD(REN)

- | <u>NAME(S) OF CHILD(REN)</u> | Sex | Date of Birth |
|------------------------------|-----|---------------|
| 1. _____ | M/F | _____ |
| 2. _____ | M/F | _____ |
| 3. _____ | M/F | _____ |

C. ANY OTHER RELATIVES IN AUSTRALIA

- | | Place | Relationship | Phone Number |
|----------|-------|--------------|--------------|
| 1. _____ | _____ | _____ | _____ |

D. CHURCH DIRECTORY APP:

Include details: Yes No

E. MY MONTHLY VOLUNTARY DONATION: \$

Place: _____ Date: _____ Signature: _____

FOR OFFICE USE ONLY

Transfer Certificate / No Objection Certificate / Affidavit Received: Yes No

Member ID: _____ Register No: _____ Prayer Group: _____

Date: _____ Signature & Name of Vicar: _____