

ORISCON incorporated INC1501143

email: oriscondubbo@gmail.com

Please return the completed form to above email or Oriscon Office at 34 White Street and payments through EFT to BSB No 932 000; A/C No:100367072; reference is "your name membership"



ORISCON MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

*Title: (Mr/Mrs/Ms/Miss/Dr):		Post Nominals:
*Last name:		*First Name:
*Date of birth:	*Mobile :	Phone:
Current address (optional):		
City:	State:	Post Code:
*Email :		

SPOUSE INFORMATION (OPTIONAL)

Last Name:		First Name:
Date of birth:	Mobile :	Phone:
Email :		

* COUNTRY / HERITAGE

India Sri Lanka Bangladesh Pakistan Nepal Bhutan Maldives Fiji Australia Other :

REFERENCE (OPTIONAL)

Name	Address	Phone/ Mobile

CHILDREN INFORMATION

(For child above 16 year, if membership is sought, please fill a separate form & Click the box below)

Name :	Age__ <input type="checkbox"/>	Name :	Age__ <input type="checkbox"/>
Name :	Age__ <input type="checkbox"/>	Name :	Age__ <input type="checkbox"/>

PERSONAL INTEREST IN:

Sports Music Art Drama-Play Public speaking Organising Social Events Cooking food

Others (please provide Details):

* DECLARATION & SIGNATURES

I/We I DECLARE that the information provided is true and correct and agree to abide by the Constitution of ORISCON Incorporated and its By-Laws on becoming a member and enclosed the payment for the Membership selected. I/We agree that the personal information provided by us on this form will be used to process the application and for promotional needs of Oriscon objectives. Oriscon may disclose member information to third parties that provide services under contract with Oriscon. These contracts required the third party to keep your personal information confidential and secure. I/We also permit our images/photos taken while participating in any ORISCON activity can be published on electronic media for ORISCON promotional purpose only.

Signature of applicant: _____	Date:
Signature of Spouse: (If membership is sought) _____	Date:

FOR OFFICE USE ONLY

Received by: _____	Received Date: __/__/_____	Approved date: __/__/_____
*Membership Amount Received. \$ _____	For Your Kind Donation Amount \$ _____	Application Ref. Number _____

General instructions:

1. Annual Membership Registration fees per person cost \$5/- only.
2. Field mark with ' * ' must be filled.