

Nalandians in Sydney Inc.



Name	Title	First	Last
Area of Expertise (Optional)			
Address			
	Suburb	State	Post Code
Telephone	(Home)	(Work)	(Mobile)
Email			
Years Attended	(Please Provide Range)		
Form/Year Level Commenced (Ex: kindergarten, Year 10)			
Subscription \$20 a year OR \$200 for Life Membership	Cheques payable to "Nalandians in Sydney" Alternatively, electronic fund transfer to our account at National Australia Bank BSB No: 082-330 Account No: 69237 5347 \$ _____ Receipt No: _____		
Please mail to:	Nalandians In Sydney Inc P.O. Box 2263 Carlingford Court Post Office Carlingford NSW 2118		
Please Email to:	Secretary@nalanda.com.au		
In the event of my admission as a member I agree to be bound by the constitution of Nalandians in Sydney for the time being in force. Signature of applicant			
For Office use only			
Accepted at Committee meeting on			
Database entered by			On:
Notes:			