



NAME: _____ **SURNAME:** _____ **SPOUSE NAME:** _____
(Prof/Dr/Mr/Mrs/Ms)

ADDRESS: _____

SUBURB: _____ **STATE:** _____ **POSTCODE:** _____

CONTACT HOME: _____ **BUSINESS:** _____ **MOBILE:** _____

EMAIL: _____

please print clearly By providing your email address, you allow the Association to send you updates on members' activities

PERANAKAN BACKGROUND (if any):

- by birth/descent/heritage – maternal/paternal/both (delete accordingly)
 by marriage
 Nil but interested in the Peranakan culture

APPLICATION FOR: **NEW MEMBERSHIP** **MEMBERSHIP RENEWAL**
 SINGLE MEMBERSHIP **COUPLE MEMBERSHIP**

MEMBERSHIP FEE: \$20.00 for 1 year \$30.00 for 1 year
\$50.00 for 3 years \$70.00 for 3 years

Enclose total payment in cash (if paying personally)/cheque made payable to 'Peranakan Association Australia NSW Inc'.

Declaration:

I declare and confirm that all the information provided in this Application are true and correct and that if admitted as a member, I agree to be bound by the Constitution.

Applicant's Signature: _____ **Date:** _____

For New Membership Only

Proposer's Name: _____ **Signature:** _____

Seconder's Name: _____ **Signature:** _____

(Proposer and seconder must be members of PAA and personally know the applicant for membership)

Payment Methods

1
Cheque made payable to:
Peranakan Association Australia NSW Inc

Post to:
The Hon Secretary
Peranakan Association Australia NSW Inc
PO Box 3810 Marsfield NSW 2122

2
Direct deposit to:
Peranakan Association Australia NSW Inc
Bank: Commonwealth Bank of Australia
BSB: 062-010 A/c no: 1034-7340
Ref code: your name
Bank receipt # _____
and email to:
enquiries@peranakanaustralia.org

For Official Use Only

Date of Approval: _____
Amount paid: _____ Cash/Cheque
Cheque No.: _____
Membership # assigned: _____
Renewal date: _____