



# 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

1. Name in Full: \_\_\_\_\_
2. Pet Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_
3. Email ID: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Mob No: \_\_\_\_\_
5. Residential Address: \_\_\_\_\_
6. Qualification & Profession: \_\_\_\_\_
7. If working, Office Address & Tel No: \_\_\_\_\_
8. Mother Parish: \_\_\_\_\_
9. Home Address in India: \_\_\_\_\_
10. Telephone in India: \_\_\_\_\_ Date of Reaching Sydney: \_\_\_\_\_
11. Married  Unmarried  If Married, whether family lives in Sydney: Yes  No
12. Whether Transfer Certificate from the Previous Parish is furnished: Yes  No
13. If not, the date of submitting the Affidavit: \_\_\_\_\_

### B. DETAILS OF FAMILY

1. Name of the Spouse: \_\_\_\_\_
2. Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_
3. Home Parish of the Spouse: \_\_\_\_\_
4. Whether working or not: Yes  No  Email ID: \_\_\_\_\_
5. If working, Office Address & Tel No: \_\_\_\_\_

### C. CHILDRENS NAME

- |          | Sex | Date of Birth | Occupation | Phone/Email |
|----------|-----|---------------|------------|-------------|
| 1. _____ | M/F | _____         | _____      | _____       |
| 2. _____ | M/F | _____         | _____      | _____       |
| 3. _____ | M/F | _____         | _____      | _____       |
| 4. _____ | M/F | _____         | _____      | _____       |

### D. OTHER DEPENDENTS (To be Included in the Register)

- |          | Sex | Date of Birth | Relationship | Phone/Email |
|----------|-----|---------------|--------------|-------------|
| 1. _____ | M/F | _____         | _____        | _____       |
| 2. _____ | M/F | _____         | _____        | _____       |

### E. ANY OTHER RELATIVES IN AUSTRALIA

- |          | Place | Relationship | Phone Number |
|----------|-------|--------------|--------------|
| 1. _____ | _____ | _____        | _____        |
| 2. _____ | _____ | _____        | _____        |

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Membership Register Number: \_\_\_\_\_ Prayer Group: \_\_\_\_\_

Date: \_\_\_\_\_ Signature & Name of Vicar: \_\_\_\_\_