



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: _____
- Pet Name: _____ Sex: M / F Date of Birth: _____
- Email ID: _____
- Phone Number: _____ Mob No: _____
- Residential Address: _____
- Qualification & Profession: _____
- If working, Office Address & Tel No: _____
- Mother Parish: _____
- Home Address in India: _____
- Telephone in India: _____ Date of Reaching Sydney: _____
- 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 the Spouse: _____ Date of Birth: _____
- Pet Name: _____ Date of Marriage: _____
- Home Parish of the Spouse: _____
- Whether working or not: Yes No Email ID: _____
- 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. _____	_____	_____	_____

MY MONTHLY VOLUNTARY DONATION: \$ _____

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: _____