



Federation of Indian Communities of South Australia

APPLICATION FOR MEMBERSHIP

Please write in **BLOCK** letters

NAME (In full) _____ Date of Birth _____

SPOUSE NAME (In full) _____ Date of Birth _____

Address: _____

_____ Post Code _____

Email _____ Contact No _____

I wish to become a member of the Federation of Indian Communities of South Australia (FICSA). I undertake to abide the rules of FICSA.

All subscriptions are due for renewal on 1st July every year. This application will be put forward to the FICSA executive committee for consideration and approval.

Single/Family Membership: \$5

Bank Transfer Details

Federation of Indian Communities of SA

BSB: 015 237 A/c No.: 2966 49684

Would you be willing to volunteer in the community events organized by FICSA: YES/NO
(Please circle one)

Signature _____ Date _____

(I understand that the information on this form will only be used by FICSA and not by any third parties)

(FOR OFFICE USE ONLY)

Membership Number _____ Payment Received _____

Signature

(Treasurer or Secretary of FICSA) _____ Email: FICSA.adelaide@gmail.com