

**Hindu Temple & Cultural Centre of the ACT (Inc.)**  
**(A.B.N. 64 469 334 050)**

81 Ratcliffe Crescent (Cnr. Connah St.), Florey ACT 2615  
Phone: (02) 6259 3057 email: [htcctemple@yahoo.com.au](mailto:htcctemple@yahoo.com.au)  
Postal Address: PO Box 331, Civic Square, Canberra City ACT 2608

---

**Membership Subscription Form**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Other Family Members:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I wish to become a member of the Hindu Temple and Cultural Centre of the ACT (Inc.)  
I agree to subscribe to the objectives of HTCC and to be bound by its constitution.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposer's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Secunder's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please tick  the appropriate boxes below:

**Life Membership:** \$201       **Annual Membership:** Family \$21  Single: \$11

**Method of Payment**

I enclose cash \$ \_\_\_\_\_       I enclose Cheque for \$ \_\_\_\_\_

Please make cheques payable to "Hindu Temple and Cultural Centre of the ACT (Inc.)"

Please charge \$ \_\_\_\_\_ to my Credit Card with the following details:

**Master Card**       **VISA**       **Other:** \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_ \_\_ / \_\_ \_\_