

ST.PETERS JACOBITE SYRIAN ORTHODOX CHURCH, Perth. Western Australia

(Under the Holy Apostolic See of Antioch and All the East) ABN-73070586404

www.perthjacobitechurch.com



MEMBERSHIP FORM

PERSONAL DETAILS

TITLE: _____ NAME: _____ DOB: _____

MARITAL STATUS: _____ DATE OF MARRIAGE: _____

ADDRESS (AUSTRALIA) _____ ADDRESS (INDIA) _____

HOME PARISH: _____ DIOCESE: _____

HOME PARISH ADDRESS: _____

SL NO	NAME	DOB	RELATIONSHIP
1			
2			
3			
4			
5			

CONTACT DETAILS

PHONE (RES)	PHONE (WORK)	PHONE (MOBILE)	EMAIL

I/We hereby declare that all information provided is true and willing to obey all rules and regulations of the church and pay monthly/annual subscription as per the church guidelines.

DATE: _____

PLACE: _____

SIGNATURE

Reference from members of St.Peters Jacobite Syrian Orthodox Church Perth

Name: _____

Name: _____

Signature: _____

Signature: _____

OFFICE USE ONLY

Foundation Membership

Parish Membership

Rejected

PRESIDENT

VICAR

SECRETARY

TREASURER

Note: To process your application you must obtain a correspondence from your home parish in India to confirm your membership.

<p>ST PETER'S JACOBITE SYRIAN CHURCH PERTH INC.</p> <p>25B DIRK HARTOG ROAD, BULL CREEK, WA 6149</p> <p>Mob: 0422 086 003</p>	<p>Direct Debit Request</p>
<p align="center">Request and Authority to debit the account named below to pay St Peter's Jacobite Church</p>	
<p>Request and Authority to debit</p>	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise St Peter's Jacobite Church and Debit User ID:455588 to arrange, through its own financial institution, a debit to your nominated account any amount St Peter's Jacobite Church, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name _____</p> <p>Address</p> <p>_____</p> <p>_____</p>
<p>Insert details of account to be debited</p> <p>Please tick the box to select the amount to be debited</p>	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ _ - _ _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p> <p><input type="checkbox"/> \$100 <input type="checkbox"/> \$125 <input type="checkbox"/> \$150 <input type="checkbox"/> \$25 (Student Members only)</p>
<p>Acknowledgment</p>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and St Peter's Jacobite Church as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature and address</p>	<p>Signature</p> <p>_____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>
<p>Second account signatory (if required)</p>	<p>Signature</p> <p>_____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>