



**SRI LANKA GERMAN TECHNICAL TRAINING INSTITUTE
OLD BOYS' ASSOCIATION AUSTRALIA INC.**

3/111-115 Lonsdale Street, Dandenong, Victoria 3175, Australia,
E-Mail: secretary@cgtti.com.au admin@cgtti.com.au
Web: <http://www.cgtti.com.au> Reg. No: 0023714X

FORM - N
Serial NO

MEMBER'S PERSONAL DATA UPDATING

(FAILURE TO RETURN THIS FORM MAY EFFECT TO YOUR PRIVILEGES)

PLEASE USE BLOCK LETTERS

AREA TRANSFER

MEMBER'S DETAILS (Please write your name as used in Australia)

1.	Membership No:	
2.	Surname:	
	First Name:	
	Initials:	
	Maiden Names:	
3.	Date of Birth:	
4.	Phone:	
5.	Fax:	
6.	New Address:	Suburb:
	Post Code:	
7.	Previous Address:	Suburb:
	Post Code:	
8.	What is the closest member area to you?	
	Post Code:	
9.	Email:	

Declaration

I declare information supplied on or with this form and any attachment is complete, true and up-to-date in every detail. I authorize the Sri Lankan German Technical Training Institute old boys' Association to make any inquiries necessary to determine details and use any information supplied in this form for that purpose. I declare that I have read and understood the information supplied to me.

Signature of Applicant _____

Date: ___/___/___

PAYMENT DETAILS

Funeral Installment

First Installment:
 Second Installment:
 Third Installment:

	PAID UP TO (DATE)	AMOUNT PAID	DATE	DUE PAYMENT
Membership	___/___/___	\$	___/___/___	\$
B/Fund	___/___/___	\$	___/___/___	\$
B/Maintenance	___/___/___	\$	___/___/___	\$
Funeral Fund	___/___/___	\$	___/___/___	\$

Committee Member

Name:

Membership No:

Signature:

Area:

Date: ___/___/___

FOR OFFICE USE ONLY	
RECORD UPDATED: YES <input type="checkbox"/> NO <input type="checkbox"/>	___/___/___
Remarks:	
_____ (Secretary)	___/___/___

Committee Member in New Area

Name:		Membership No:	
Signature:		Date: ___/___/___	
Area:			

(Please inform new details to the new committee member and relevant member. Place this form in the personal file)