



Form No: SLGTTIOBA/Form/2018/01

# MEMBERSHIP APPLICATION

I, being the applicant named on this application for membership, desire to become a Member of the Sri Lanka German Technical Training Institute Old Boys' Association of Australia Incorporated (an association A0023714X incorporated in Victoria) and hereby agree, if admitted to membership, to be bound by the Rules and Articles of Association of the Sri Lanka German Technical Training Institute Old Boys' Association of Australia Incorporated for the time being in force and hereby authorise my name to be placed in the Register of Members.

Note: Membership will be granted only for the applicants who has completed an apprenticeship at CGTTI|TTI|VTI on FULL-TIME basis

## APPLICANT INFORMATION

Title (circle): Mr/Miss/Mrs Single/Married:	Full Name:		
Date of Birth:	Telephone:	Mobile:	
Current address:			
City:	State:	Post Code:	
Email:			
Institute attended (circle):	CGTTI TTI VTI	Year attended:	Trainee number:

## EMPLOYMENT INFORMATION

Current employer:	Position:
Employer address:	
Phone:	Email:

## TRADE AND OTHER QUALIFICATIONS

Trade Qualifications:
Other Qualifications:

## RESIDENTIAL STATUS

Australian citizen:	Permanent resident:	Student:	Dependent:
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## EMERGENCY CONTACT

Name:		
Address:	Phone:	
City:	State:	Post code:
Relationship:		

## REFERENCES

Name of SLGTTIOBA Member	Address	Phone

## OTHER INFORMATION

Your special Interests:

Are you a member of any other association in Australia (circle):    YES    |    NO

If YES, please provide the following information.

Name of the Association	Position

Have you ever been a member of SLGTTIOBA of Australia Inc.(circle) :    YES    |    NO

If YES, reason of leaving the association:

I declare information supplied on this form is true and correct. I authorized SLGTTIOBA of Australia Inc.to make any inquiries necessary to determine my eligibility for membership and use any information supplied in this application for that purpose. I understand that I will be offered membership subject to an interview with SLGTTIOBA of Australia officials.

Signature of applicant:	Date:
Acknowledgement by Secretary:	Date:

## OFFICE USE ONLY

For committee approval:	Refer to AGM:	Interview arrangement:
Status of application:	Committee Member:	