

# TAMIL CHRISTIAN CONGREGATION OF WA INC

Membership Application/Update Form – 2013/2014

(Please complete one form per family)

Family Name			Wedding Anniversary (Optional - dd/mm only)	
Address				
Phone #		Mobile #		
Email (Please indicate your preferred email)				

## Family Members

(Please list each member of the family below and tick the interested church activities for each member)

Member (First name only)	DOB For Children (Optional - dd/mm only)	Bible Reading	Solo	Sermon	Prayer	Teaching Sunday School	Teaching Youth	Welcome Duty / Collection	Tea and Cleanup	Youth Band	Instruments played	M.C at Church Activities
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Comments (if any)</b>												

Please fill the form online and then save as your name (e.g. Citizen.doc) to your computer and then send it as an attachment to: [dejeu@bigpond.net.au](mailto:dejeu@bigpond.net.au)

Alternatively, print a copy, fill it and mail to: TAMIL CHRISTIAN CONGREGATION, P.O. BOX 597, WILLETTON WA 6155. Thank You