



WELFARE CLUB

SIKH SOCIETY OF SOUTH AUSTRALIA

MEMBERSHIP FORM

Name: _____

Residential Address:

Contact Details:

Phone: _____ **Mobile:** _____

Email: _____

Age Group:

Below 55

55 - 64

65 and above

Emergency Contact Details:

Name: _____

Phone: _____ **Mobile:** _____

Signature of Applicant:

Date: _____