



# SIKH SOCIETY OF SOUTH AUSTRALIA (SSSA)

10 Mount Barker Road, Glen Osmond, SA 5064



**Surname:** (Dr /Mr /Mrs /Miss /Ms /Madam ) \_\_\_\_\_

**First Name(s):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residential Address** (Please Note: (a) Proof of address is required. (b) P.O Box Number will not be accepted.)

**Street:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_@\_\_\_\_\_

Please indicate your religion to determine type of membership: \_\_\_\_\_

**Immigration Status in Australia:** Citizen: ☐ Permanent Resident: ☐ Other: \_\_\_\_\_

*Please Note: (a) Proof of Citizenship/Permanent Residence status is required.  
(b) Full Membership will only be granted to Australian citizens and Permanent Residents*

**Select Category of Membership Sought** (Please note: Proof required for Pensioner Concession)

Family ☐ Single ☐ Pensioner ☐ Life ☐

**Family Members included in membership** (Family members over 16 years of age must be registered as individual member to be eligible to vote)

Given Name(s)	Relationship	D.O.B	Male/Female

**Type of Membership**

Ordinary Membership

☐

*(Membership fee is as per constitution)*

Associate Membership

☐

*(Membership fee is as per constitution)*

Nominated by: \_\_\_\_\_ *(Ordinary member with minimum 3 years of membership)*

Signature of Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_ *(Ordinary member with minimum 1 year of membership)*

Signature of Seconder: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**O F F I C E U S E O N L Y**

Application Approved (Y/N): \_\_\_\_\_

Date Application Processed: \_\_\_\_\_

Signature of President: \_\_\_\_\_

Signature of Secretary: \_\_\_\_\_

Original proof of Citizenship or Permanent Residence Status sighted by either the President or the Secretary (Y/N): \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_