



Vishva Hindu Parishad of Australia Inc., WA Chapter
(World Hindu Council of Australia)

www.vhpwa.org.au

Associate Membership Form

Mr/Mrs/Ms/Others

First Name: _____ Family Name: _____

Address: _____

Phone: (H) _____ (Mob) _____

Email Address: _____

Qualifications/Occupation:

Association with other organisations (Please specify of any membership/committee roles):

Interests and Hobbies:

Declaration:

I declare that all the information provided in this form is true and accurate to the best of my knowledge. I understand this is a subscription fee exempt membership.

Signature.....

Date.....

Please sign and mail this form to: neha.shinghal@vhp.org.au