



Membership Number

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APPLICATION FOR YEARLY DONORS  
(වාර්ෂික දායකත්ව අයදුම්පත)

Title MR  MRS  MISS

First Name

Last Name

Address (Street No and Name)

City/Suburb/Town

State

Postcode

Email Address

Mobile

Telephone

Are you a member of Adelaide Mahamevnawa Asapuwa? Yes  No

(If yes, please write down your membership number in the box above)

I WOULD LIKE TO MAKE A MONTHLY CONTRIBUTION OF

\$

Dates

DD/MON

DD/MON

DD/MON

DD/MON

Payment Method

Cash

Cheque

EFT

Direct Debit

Signature .....

Date .....

...../...../.....

OFFICE USE ONLY

Approved by:

Signature .....

Date .....

...../...../.....

*May Triple Gem Bless You...*

47 Stanbel Road, Salisbury Plain SA 5109 Tel: 08 8250 0717