



# AUSTRALIAN COUNCIL OF HINDU CLERGY

APPLICATION FOR MEMBERSHIP

19 Shelley Cresent, Blacaktown NSW AUSTRALIA

Email:- hinduclergy@gmail.com

Name			
Address			
City		State	Zip Code
Country		Phone	
Mobile		Email	
Date Of Birth		Place of Birth	
Veda		Sampradaya	

### Residential Status (Please Tick One)

<input type="checkbox"/> Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Guest Worker	<input type="checkbox"/> Temporary Worker
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Qualifications	
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Mother Tongue		Laanguage Spoken at Home

<b>Laanguages Known</b> (please State whether you can Speak Read and Write each Language) e.g. English:- Speak only or Read, Write and Speak	
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<b>Employment</b> (e.g. Full time/Part time/Temple Priest etc.)	
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<b>Availability</b> <input type="checkbox"/> Purva-prayoga <input type="checkbox"/> Aparaprayoga <input type="checkbox"/> Vaidika rituals
<input type="checkbox"/> Agama rituals <input type="checkbox"/> Local <input type="checkbox"/> Weekends <input type="checkbox"/> Interstate <input type="checkbox"/> Weekdays

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Approved By	Date Received	Fees Paid	Renewal Date	Membership No