



Mar Thoma Syrian Church of Malabar, Brisbane

St. Philip's Anglican Church, 115 Cornwall St, Annerley, QLD 4103

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Email: vicar@brisbanemarthomachurch.org.au

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Membership Form

Photograph of
the Applicant
(4x4)

A. PARTICULARS

1. Name in Full: _____
2. Pet Name: _____ Sex: M / F Date of Birth: _____
3. Email ID: _____
4. Phone Number: _____ Mob No: _____
5. Residential Address: _____
6. Qualification & Profession: _____
7. If working, Office Address & Tel No: _____
8. Mother Parish: _____
9. Home Address in India: _____
10. Telephone in India: _____ Date of Reaching Brisbane: _____
11. Married Unmarried If Married, whether family lives in Brisbane: Yes No
12. Whether Transfer Certificate from the Previous Parish is furnished: Yes No
13. If not, the date of submitting the Affidavit: _____

B. DETAILS OF FAMILY

1. Name of the Spouse: _____
2. Pet Name: _____ Date of Birth: _____ Date of Marriage: _____
3. Home Parish of the Spouse: _____
4. Whether working or not: Yes No Email ID: _____
5. If working, Office Address & Tel No: _____

C. CHILDRENS NAME

- | | Sex | Date of Birth | Occupation | Phone/Email |
|----------|-----|---------------|------------|-------------|
| 1. _____ | M/F | _____ | _____ | _____ |
| 2. _____ | M/F | _____ | _____ | _____ |
| 3. _____ | M/F | _____ | _____ | _____ |
| 4. _____ | M/F | _____ | _____ | _____ |

D. OTHER DEPENDENTS (To be Included in the Register)

- | | Sex | Date of Birth | Relationship | Phone/Email |
|----------|-----|---------------|--------------|-------------|
| 1. _____ | M/F | _____ | _____ | _____ |
| 2. _____ | M/F | _____ | _____ | _____ |

E. ANY OTHER RELATIVES IN AUSTRALIA

Place

Relationship

Phone Number

1. _____

2. _____

Place: _____ Date: _____ Signature: _____

FOR OFFICE USE ONLY

Transfer Certificate / No Objection Certificate / Affidavit Received: Yes No

Membership Register Number: _____ Prayer Group: _____

Date: _____ Signature & Name of Vicar: _____