

**PAKISTAN AUSTRALIAN CULTURAL ASSOCIATION OF QLD INC.
MEMBERSHIP APPLICATION FORM**

FAMILY NAME _____

GIVEN NAMES _____ Date of Birth _____ Country of Birth _____

MR _____

MRS _____

MR/MISS _____

MR/MISS _____

MR/MISS _____

MR/MISS _____

ADDRESS _____

POSTCODE _____ TELEPHONE # _____

PLEASE TICK ONE OF THE FOLLOWING:

A. Australian Citizen

B. Permanent Resident of Australia

C. Other (can only become an Associate Member)

SIGNATURE: _____

NOMINATED BY:

NAME: _____

NAME: _____

NOTE: APPLICANT REQUIRES NOMINATION BY AT LEAST TWO (2) EXISTING MEMBERS OF THE ASSOCIATION