



Bangladesh Australia Society of South Australia

P.O. Box 124, KILKENNY, SA 5009

Membership Application Form

Name of Applicant: _____

Address: _____
_____ Postcode: _____

Contact Number: _____ Email: _____

Nominated by: _____

Address: _____

Seconded by: _____

Address: _____

Please Note: The Proposer and The Seconder should be current BASSA members

To be completed by the Applicant

Are you at least 18 years of age? ☐ Yes ☐ No

Residential Status ☐ Australian Citizen ☐ Permanent Resident
☐ Other (please specify) _____

Are you or have you ever been a member of any other
Bangladeshi Society/Association in South Australia? ☐ Yes ☐ No

If 'Yes' Please give details thereof: _____

The information I have given above is correct. I support the aims and objectives of the
Society and if accepted as a member, agree to comply with the rules and regulations and to
uphold its constitution.

Signature of the Applicant: _____ Date: _____