



Membership Application Form - Canterbury Tamil Society Incorporated

1. Applicant Details

- **Full Legal Name:** _____
- **Residential Address:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Date of Birth:** ____ / ____ / _____ (Required for age-based fee eligibility)

2. Membership Category

Please select the category you are applying for:

- **Full Member** (Adult, voting rights, requires NZ Visa/Citizenship)
- **Student Member** (Full-time student, voting rights, requires NZ Visa/Citizenship)
 - *Name of Institution:* _____
- **Associate Member** (Supporter, no voting rights, no visa requirement)
- **Life / Honorary Member** (By invitation/resolution only)

3. Eligibility & Visa Status

(Required for Full and Student Membership classes)

- I confirm I hold a valid New Zealand Visa or New Zealand Citizenship.
- I am applying for Associate Membership (Visa status not required).

4. Mandatory Disclosure (Mission Alignment)

As per our Constitution, we require disclosure of affiliations with organizations with similar missions in New Zealand.

- **Are you a member of, or do you intend to join, another organization in New Zealand with a similar mission or purpose to the Canterbury Tamil Society?**
 - No
 - Yes (Please specify organization name): _____



5. Family Membership Details

If you are applying as part of a family unit for tiered fee purposes, please list other family members applying:

- **Secondary Member Name (50% fee):** _____
- **Children Under 18 (Free):**
 1. _____
 2. _____
 3. _____
 4. _____

(Note: Family members over 18 must complete their own separate application form.)

6. Legal Consent & Declaration

By signing this form, I agree to the following:

- **Consent to Membership:** I formally consent to becoming a member of the Canterbury Tamil Society Incorporated and agree to be bound by its Constitution and Code of Conduct.
- **Register of Members:** I consent to my name and contact details being held on the Society's Register of Members for the purposes of the Incorporated Societies Act 2022.
- **Accuracy:** I certify that the information provided in this application is true and correct.

Applicant Signature: _____ **Date:** ____ / ____ / 2026

For Committee Use Only:

- **Date Received:** ____ / ____ / 20____
- **Approved by Committee:** [] Yes [] No (Date of Meeting: ____ / ____ / 20____)
- **Fee Paid:** \$ _____ **Receipt No:** _____
- **Register Updated:** [] (Secretary Initial: _____)