

नेपाली कला संस्कृति तथा साहित्य प्रतिष्ठान
अष्ट्रेलिया इन्कपोरेशन

NKSSP estd: 2008

GENERAL MEMBERSHIP FORM

Name:

Address:

Contact phone/Mobile:

Email:

I, hereby, declare that I abide by the rules of constitution and code of conduct of NKSSP. I also acknowledge that my Membership can be terminated if my act(s) is considered as a breach of the rule. The membership validation and termination are kept under the rights of executives. I am happy to accept these rules.

Tike in the (Box)

Applicant's Full Name:

Referred by:

Date:

Pls note all fields are mandatory

PLEASE DONOT FORGET TO MAKE YOUR PAYMENT