



***Ekal Vidyalaya Foundation of Australia***  
*(INC 9881322, ABN 89 023 106 257)*  
*38 Lochinvar Pde, Carlingford, NSW 2118*  
*Ph 96144924 evfaust@gmail.com*



Application for School Sponsorship / Membership

I, \_\_\_\_\_

Address \_\_\_\_\_

Phone no \_\_\_\_\_

Email \_\_\_\_\_

Would like to sponsor school.

Full (\$480 per year)    Half (\$240 per year)    Quarter (\$120 per year)

\_\_\_\_\_ Numbers of Schools at \$480 per school per year. Total amount \$ \_\_\_\_\_

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I would like / not like to be a member of Ekal Vidyalaya Foundation of Australia.  
I agree to abide by the rules and regulations of EVF Australia as amended from time to time.

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The payment covering above is enclosed with this form.

Cash / Cheque (drawn in favour of ***EVFA Relief Fund***)

The payment is made by direct transfer to the nominated Account having the following details:

**Account Name: EVFA Relief Fund**  
**Bank- ANZ Bank, Seven Hills branch**  
**BSB Number 012 410, Account Number - 488742357**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Donations to EVF Australia for EVF Relief Fund are tax deductible under Income Tax Assessment Act 1997 sub-division 30-B.)**

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**(FOR OFFICE USE ONLY)**

Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment received \_\_\_\_\_ (Treasurer) Date \_\_\_\_\_

Receipt no. \_\_\_\_\_ Membership / Sponsorship no. AUS \_\_\_\_\_