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MEMBER CONTACT DETAILS

MEMBERS DETAILS			
SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
ADDRESS	<input type="text"/>		
SUBURB	<input type="text"/>		
STATE	<input type="text"/>	POSTCODE	<input type="text"/>
DATE OF BIRTH	<input type="text"/>		
PHONE No	<input type="text"/>	MOBILE	<input type="text"/>
E-MAIL	<input type="text"/>		
NEXT OF KIN	<input type="text"/>	PHONE	<input type="text"/>

Once complete please provide form to the GOCCC Committee by one of the following methods:

1. Sending it via email to **greekcom.act@bigpond.com**.
2. Handing it to a current committee member at Church or Greek School.
3. Posting the complete form to **PO Box 4970, Kingston ACT 2604**.

The GOCCC Committee thanks you for your assistance in ensuring we have your most current contact details.

RECEIVED BY GOCCC COMMITTEE MEMBER...../...../20..... Verified on system