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MEMBERSHIP APPLICATION FORM

I hereby apply for membership of the Greek Orthodox Community and Church of Canberra and District and agree to be bound by its Constitution

(Persons shall not be accepted as members until they have attained the age of 18 years)

MEMBER DETAILS

| | | | | | |
|-------------|----------------------|----------|----------------------|----------------------|----------------------|
| 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"/> |

MEMBERSHIP & PAYMENT DETAILS

I WISH TO BECOME A LIFE MEMBER (FEE \$100)

I WISH TO BECOME AN ANNUAL MEMBER (FEE \$15)

I WISH TO RENEW MY ANNUAL MEMBERSHIP (FEE \$15)

I WISH TO ALSO MAKE A DONATION..... DONATION AMOUNT

TOTAL AMOUNT TO BE PAID.....

PAYMENT BY CASH CARD CHEQUE DIRECT DEPOSIT

DIRECT DEPOSIT DETAILS: GREEK COMMUNITY OF CANBERRA BSB: 032 727 Acc No: 178690

(Receipt and Badge Number will be forwarded to above address once application processed)

NEW MEMBERS SIGNATURE..... DATE:.....

AMOUNT RECEIVED.....DATE:..... GOCCC COMMITTEE SIGNATURE:.....