



Kastellorizian Association of Victoria Inc

250 Dorcas Street, South Melbourne, Vic. 3205. • PO Box 112, South Melbourne, 3205
Web: www.kazzieclub.com Email: info@kastellorizo.com.au

MEMBERSHIP RENEWAL/APPLICATION (for full voting rights)

Financial year 1st July, 2017 to 30th June 2018

Please circle or tick appropriate category

Individual Membership (18 to 64 years) \$30* per person (*payable annually*)
Individual Membership (65 years +) No fee (*Must register annually*)

* SPECIAL NOTE

If payment is received before 30/6/2017, the old membership fee of \$20 will be accepted. Membership fee paid after 30th June is \$30.

SECTION 1 – Renewals AND new applicants to fill out this section, & payment section

NAME _____ DATE _____

ADDRESS _____

EMAIL: _____

TELEPHONE: _____ Mobile _____

SECTION 2 – NEW applicants to also fill out this section, & payment section

I hereby apply to be accepted as a member of the Kastellorizian Association of Victoria and promise, if accepted, to abide by the rules and articles of the Association.

Date of birth: / / Place of birth _____

Occupation _____ Married/Single (circle)

Father's name _____ Place of birth: _____

Mother's maiden name _____ Place of birth: _____

If neither of your parents were born in Kastellorizo, please record your Kastellorizian connection, e.g. grandparent/s or great-grandparent/s spouse, partner etc:

Dated this _____ day of _____ 20__

Signature of Applicant: _____

Nominated by _____

Address _____

Payment details for RENEWAL and NEW applicants:

\$30.00* Over 65s (nil) Donation(optional) \$ Total \$ _____

PAYMENT options:

1. Mail to address above. Cheques made out to Kastellorizian Association of Victoria, or
2. EFT transaction at your Bank, Post Office or Internet, or direct deposit – Commonwealth Bank of Australia. BSB 063014 Account No 10118932 (with your surname as reference) and email Treasurer Christine Mastores with details (christine.md@bigpond.com)
– OR – pay online via PayPal at www.kazzieclub.com/product/memberships/, also emailing Christine Mastores with this form.

SECTION 3 – Office use only.

Date of acceptance _____ Secretary: _____ Receipt No: _____