*Kastellorizian Association of Victoria Inc*

250 Dorcas Street, South Melbourne, Vic. 3205. • PO Box 112, South Melbourne, 3205

Web: www.kazzieclub.com Email: info@kazzieclub.com

**MEMBERSHIP RENEWAL/APPLICATION**

Financial year 1st July, 2018 to 30th June 2019

***Please circle or tick appropriate category***

Individual Membership (18 to 64 years) $30 per person (***paid annually***)`

Individual Membership ( 65 years +) No fee - (***Must register annually***)

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

**TITLE (Ms, Mrs, Mr etc.) \_\_\_\_\_\_\_\_NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE ADDRESS \_\_\_\_\_\_\_ \_\_\_**

**\_\_\_**

**EMAIL: Mobile\_\_\_\_\_\_\_\_ \_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2 – NEW applicants ONLY to fill out this 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:*

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Dated this day of 20\_\_Signature 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 [memberships@kazzieclub.com](mailto:memberships@kazzieclub.com) with details and form (email will be received by Treasurer Christine Mastores and Memberships Officer Carolyn Schofield).

**SECTION 3 – Office use only.**

Date of acceptance Secretary: Receipt No: