*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: 1 July 2019 to 30 June 2020

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

Individual Membership (18 to 64 years): ………. $30 per person (*paid annually*)

Individual Membership (65 years +):…………... No fee - (NB: Need to apply for waiver of membership fees by registering below. This will ensure you are a voting member. Members must register annually.)

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

**Title (Ms/Mrs/Mr etc) \_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB Address \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_ \_\_\_Mobile \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated this day of 20\_\_ Signature Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please record your Kastellorizian connection, e.g. parent/s, grandparent/s, great-grandparent/s, spouse, partner etc:*

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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
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 to KAV Membership Officer Florence Livery: flivery@bigpond.com with details and form
3. Pay online via PayPal at [www.kazzieclub.com/product/memberships/](http://www.kazzieclub.com/product/memberships/) – add the membership to your cart then click on the cart in the upper right corner to check out. Please also email [flivery@bigpond.com](mailto:flivery@bigpond.com) with this form.

**SECTION 3 – Office use only.**

Date of acceptance Membership Officer: Receipt No: