**MEMBERSHIP RENEWAL/APPLICATION**  Financial Year: 1 July 2020 to 30 June 2021

***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:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *If no Kastellorizian family connection please tick* ***Associate Membership*** *application here*

**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, Carolyn Schofield at memberships@kazzieclub.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 KAV Membership Officer Carolyn Schofield at memberships@kazzieclub.com with this form.

**SECTION 3 – Office use only.**

Date of acceptance Membership Officer: Receipt No:

Kastellorizian Association of Victoria Inc. Registration No A0026890T ABN 82746362911

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