



# Kytherian Association of Australia

Postal Address: The Committee of the Kytherian Association of Australia  
PO Box A203, SYDNEY SOUTH NSW 1235

Web Address: [www.kytherianassociation.com.au](http://www.kytherianassociation.com.au) Phone/Fax: 02 9750 4088

## MEMBERSHIP APPLICATION

I, the undersigned would like to become a **FULL MEMBER /ASSOCIATE MEMBER** ( *please cross out membership type NOT required* ) of the Kytherian Association of Australia. If accepted, I agree to be bound by the Memorandum and Articles of Association and any Rules, Regulation or By-Laws of the Kytherian Association from time to time in force.

**Full Name:** Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_

**Full Name of Spouse:(if applicable)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_

**Name(s) of Child(ren)(if applicable) & Date(s) of Birth:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
\_\_\_\_\_ (Mobile)

**Email Address:** \_\_\_\_\_

**Occupation:** Member \_\_\_\_\_ Spouse \_\_\_\_\_

Have you attained the age of eighteen years? Yes/No (please circle)

Application for **FULL MEMBERSHIP** or **ASSOCIATE MEMBERSHIP** (please circle)

**PROPOSED BY** (NAME) .....**Signature** .....

**SECONDED BY** (NAME) .....**Signature** .....

**Place of Birth of Applicant:** \_\_\_\_\_

**Full Members** of the Association must be either born on Kythera, be of Kytherian descent, or be Married to a Kytherian or person of Kytherian descent. Those who do not qualify for **Full Membership** qualify as **Associate Members**, which means they do not have any voting privileges.

**For Full Membership, if applicant was not born on the island of Kythera, please complete the following:**

Name of ancestor born on Kythera: \_\_\_\_\_

**OR** Name of husband or wife (living or deceased) born on Kythera: \_\_\_\_\_

**OR** Name of husband or wife (living or deceased) descended from a person born on Kythera: \_\_\_\_\_

**\$40 / Family** (more than one person per household) **OR**

**\$25 / Single Person** (please circle amount paid)

Signatures of Applicants: \_\_\_\_\_ Dated: \_\_\_\_\_

**CREDIT CARD PAYMENT ADVICE:-**

VISA

MASTERCARD

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_  
(as shown on card)

**FOR OFFICE USE ONLY**

Date received..... Cash / Cheque/CC \$..... Receipt No.....