



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 Phone/Fax: 02 9750 4088

2010 MEMBERSHIP RENEWAL

Due on 31 January, 2010

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: _____

Please tick if there is
a change of address

Occupation: Member _____

Spouse _____

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

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

Are you are member of: **KLA, KYMG, 4WD&R Club, Golf Club, Soccer** (please circle)

Place of Birth: _____

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 Renewal, 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: _____

ENCLOSED: Renewal Subscription for 2010

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

\$25 / Single Person Renewal (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 \$..... Receipt No.....