



Kytherian Association of Australia

ABN 36 000 263 954

Suite 1, 24 King Street Rockdale NSW 2216
Rockdale Post Shop
PO Box 183
Rockdale NSW 2216
Tel: +61 2 9599 6998

www.kytherianassociation.com.au

NEW MEMBERSHIP APPLICATION

I/we, the undersigned would like to become a member of the Kytherian Association of Australia. If accepted, I/we agree to be bound by the Constitution of the Kytherian Association of Australia and any Rules, Regulation or By-Laws of the Kytherian Association from time to time that are enforced.

All applicants must be 18 years of age or older.

Full Members of the Association must be either born on Kythera, be of Kytherian descent, or be married to a Kytherian or a person of Kytherian descent. Full members registered as Families are entitled to two (2) votes and Full members registered as Single are entitled to one (1) vote. Those who do not qualify for Full Membership qualify as Associate Members, which means they do not have any voting privileges, but are entitled to the other benefits of Full Members.

Please TICK membership category and type in boxes below:

FULL MEMBER		ASSOCIATE MEMBER	
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Family (<i>more than one person per household</i>)	Residing in Australia	\$60	
Family (<i>more than one person per household</i>)	Residing outside Australia	\$75	
Single Person	Residing in Australia	\$35	
Single Person	Residing outside Australia	\$50	

<u>Member 1:</u>	Born on Kythera: YES / NO
Title: _____ Surname: _____ First Name: _____ Middle Name: _____	
Occupation: _____	D.O.B. _____
Email: _____	Mobile: _____
Place of Birth: Town: _____	Country: _____
<u>Member 2:</u>	Born on Kythera: YES / NO
Title: _____ Surname: _____ First Name: _____ Middle Name: _____	
Occupation: _____	D.O.B. _____
Email: _____	Mobile: _____
Place of Birth: Town: _____	Country: _____

<u>Address:</u> _____
State: _____ Postcode: _____ Home Phone: _____

All Members - Children Details

Name of Child 1: _____ D.O.B. _____ Name of Child 2: _____ D.O.B. _____

Name of Child 3: _____ D.O.B. _____ Name of Child 4: _____ D.O.B. _____

Name of Child 5: _____ D.O.B. _____ Name of Child 6: _____ D.O.B. _____

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

Name or Names of persons or ancestors born on Kythera, (Name and Town Born):-

Kytherian born Person 1: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 2: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 3: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 4: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

ENCLOSED: Subscription payment (Please Circle amount paid)

Family Rate \$60 / \$75

(Aust / Overseas) (*more than one person per household*)

Single Rate: \$35 / \$50

(Aust / Overseas)

Signatures of Applicant/s: _____ Dated: _____

Would you like to receive a membership card. Yes / NO

Must be signed by (2) current Full Members who have been Full Members for the preceding twenty-four (24) months.

PROPOSED BY (NAME) Signature

SECONDED BY (NAME) Signature

If you would like to donate to KythCare - Kytherian Aged Care Services Limited, please indicate below. Donations of \$2.00 or more are Tax Deductable.

Donation to Kythcare.

No thank you Yes I would like to donate, PLEASE ADD \$ _____ to my Renewal

Enclosed: **Cash / Cheque / Money Order / Credit Card details below** (Master/Visa)

Card No. _____ - _____ - _____ - _____ Expiry Date ____ / ____

CCV (3 digit no on back of card) _____

Cardholder's Name (as shown on card). _____

Signature (as shown on card) _____

If you have any queries about your membership call us or email to:- member@kytherianassociation.com.au

Please indicate below if you would like to receive information and/ or updates from the following: -

Kytherian 4WD & Recreation Club		Kytherian Ladies Auxiliary	
Kythcare (Aged Services)		Kytherian Soccer	
Kytherian Wine Klub - KWAK		Kytherian Young Mother's Group	
Kytherian Book Club		Kytherian Prefa & Tavli Group	
Kytherian Genealogy		Karavitiko	

FOR OFFICE USE ONLY

Date received..... Cash / Cheque / CC Amount: \$ Date Ratified.....

Processed by Acceptance Letter date sent.....