



# Kytherian Association of Australia

Postal Address: The Committee of the Kytherian Association of Australia  
Rockdale Post Shop, P O Box 183  
ROCKDALE NSW 2216

Web Address: [www.kytherianassociation.com.au](http://www.kytherianassociation.com.au) Phone/Fax: 02 9750 4088  
E-mail: [membership@kytherianassociation.com.au](mailto:membership@kytherianassociation.com.au)

## NEW MEMBERSHIP APPLICATION

I/we, the undersigned would like to become a **FULL MEMBER(s) / ASSOCIATE MEMBER(s)** (*please circle appropriate*) of the Kytherian Association of Australia. If accepted, I/we 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.

**\$40 / Family (*more than one person per household*)**    OR  
**\$25 / Single Person (*please circle*)**

**Member 1:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

**Member 2:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

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

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

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

**Email Address**    Member 1 \_\_\_\_\_ Member 2 \_\_\_\_\_

**Occupation:**    Member 1 \_\_\_\_\_ Member 2 \_\_\_\_\_

**Are you eighteen years or older?** Yes/No (*please circle*)

**Name(s) of Children & Date(s) of birth (*if applicable*)**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

**Place of Birth of Applicant(s):** \_\_\_\_\_

**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. Full members registered as Families are entitled to 2 votes and Full members registered as Single are entitled to 1 vote.

**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: \_\_\_\_\_

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

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

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

**CREDIT CARD PAYMENT ADVICE:-**    VISA     MASTERCARD

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

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ (as shown on card)

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