



# 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](http://www.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.

**All applicants must be 18 years of age or older.**

**\$50 / Family** (*more than one person per household*) OR **\$30 / Single Person** (*please circle*)

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

### **Member 1:**

**Born on Kythera: YES / NO**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Birth: Town: \_\_\_\_\_ Country: \_\_\_\_\_

### **Member 2:**

**Born on Kythera: YES / NO**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Birth: Town: \_\_\_\_\_ Country: \_\_\_\_\_

### **Address:**

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** (*Please Circle amount paid*)

**\$50 / for Family** (*more than one person per household*) **OR** **\$30 / for Single Person**

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

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

**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: **Cheque / Money Order or Credit Card details below** (Master/Visa/Amex)

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

CCV (3 digitno 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](mailto:member@kytherianassociation.com.au)

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

<b>Kytherian 4WD &amp; Recreation Club</b>		<b>Kytherian Ladies Auxiliary</b>	
<b>Kythcare (Aged Services)</b>		<b>Kytherian Museum and Archaeology</b>	
<b>Kytherian Ass Wine Klub - KWAK</b>		<b>Kytherian Soccer</b>	
<b>Kytherian Book Club</b>		<b>Kytherian Young Mother's Group</b>	
<b>Kytherian Genealogy</b>		<b>Kytherian Prefa &amp; Tavli Group</b>	

**FOR OFFICE USE ONLY**

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

By .....