



Kytherian Association of Australia

ABN 36 000 263 954

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www.kytherianassociation.com.au

MEMBERSHIP RENEWAL

FULL MEMBERSHIP **ASSOCIATE MEMBERSHIP** (please tick)

I/we, the undersigned would like to renew our membership of the Kytherian Association of Australia. 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.

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

Member 1: **Membership Number** (if known) : _____

Title: _____ Surname: _____ First Name: _____ Middle Name: _____

Email: _____ Mobile: _____

Member 2:

Title: _____ Surname: _____ First Name: _____ Middle Name: _____

Email: _____ Mobile: _____

Address: _____

State: _____ Postcode: _____ Home Phone: _____

ENCLOSED: Subscription (*Please Circle amount paid*)

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

***** Tax Deductible donation to KythCare*****

If you would like to donate to the **KythCare** please indicate below.

All donations over \$2 are take deductible and the money will be used only for Aged Care support in Australia.

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)

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

CCV (3 digit no on back of 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	<input type="checkbox"/>	Kytherian Ladies Auxiliary	<input type="checkbox"/>
Kythcare	<input type="checkbox"/>	Kytherian Museum and Archaeology	<input type="checkbox"/>
Kytherian Book Club	<input type="checkbox"/>	Kytherian Soccer	<input type="checkbox"/>
Kytherian Genealogy	<input type="checkbox"/>	Kytherian Young Mother's Group	<input type="checkbox"/>
Kytherian Wine Klub (KAWK)	<input type="checkbox"/>	Kytherian Prefa & Tavli Group	<input type="checkbox"/>

FOR OFFICE USE ONLY

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

By