



Kytherian Association of Australia

ABN 36 000 263 954

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Rockdale Post Shop
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Rockdale NSW 2216
Tel: +61 2 9599 6998

www.kytherianassociation.com.au



CELEBRATING 100 YEARS

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.

Members can find copies of the Constitution and other relevant documents for people who choose to volunteer such as the Volunteers Agreement and Conflicts of Interest Policy on our website www.kytherianassociation.com.au.

Please TICK membership category and type in boxes below:

FULL MEMBER		ASSOCIATE MEMBER	
Family (<i>more than one person per household, entitled to 2 votes</i>)	Residing in Australia	\$60	
Family (<i>more than one person per household, entitled to 2 votes</i>)	Residing outside Australia	\$75	
Family 5 year membership (<i>pay for 4, get 5 yr membership</i>) <i>*not available for overseas members</i>	Residing in Australia	\$240	
Single Person	Residing in Australia	\$35	
Single Person	Residing outside Australia	\$50	
Single 5 year membership (<i>pay for 4, get 5 yr membership</i>) <i>*not available for overseas members</i>		\$140	

Address: _____

State: _____ Postcode: _____ Home Phone: _____

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: _____

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. _____

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: _____

ENCLOSED: Subscription payment (Please Circle amount paid)

Family Rate \$60 / \$75 /\$240

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

Single Rate: \$35 / \$50 /\$140

(Aust / Overseas)

Signatures of Applicant/s: _____ Dated: _____

<input type="checkbox"/> MANDATORY CONDITION (Please tick) I agree with the Volunteers Agreement as outlined on kytherianassociation.com.au/membership	Would you like to receive a membership card? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

Donation to Kythcare 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.

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

PAYMENT OPTIONS: cheque / credit card / direct deposit / Trybooking (please circle)

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

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

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

** or Direct Deposit* to Bank of Sydney, Acct Name: Kytherian Association of Australia, BSB: 942-205, Acct no. 611913. Ref – your surname. Please include your ref at time of deposit and return your form to us, advising date of deposit ____/____/20__

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 (Aged Services)	<input type="checkbox"/>	Kytherian Soccer	<input type="checkbox"/>
Kytherian Wine Klub - KWAK	<input type="checkbox"/>	Kytherian Young Mother's Group	<input type="checkbox"/>
Kytherian Book Club	<input type="checkbox"/>	Kytherian Prefa & Tavli Group	<input type="checkbox"/>
Kytherian Youth Association	<input type="checkbox"/>	Karavitiko	<input type="checkbox"/>
Kytherian Genealogy	<input type="checkbox"/>		<input type="checkbox"/>

FOR OFFICE USE ONLY Date received..... Cheque / CC / dd/ trybooking Amount: \$
 Date Ratified..... Processed by Acceptance Letter date sent.....