



Respecting the Past, Embracing the Future

NEW MEMBERSHIP APPLICATION FORM

Please email completed form to member@kytherianassociation.com.au or post to PO Box 183, Rockdale 2216

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 (a)born or descended from persons born on Kythera, or (b)married to, widowed from, adopted by, or in a defacto relationship with any person born or descended from persons born on Kythera. 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 <http://www.kytherianassociation.com.au>.

Please TICK membership category and type in boxes below:

FULL MEMBER

ASSOCIATE MEMBER

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

Postal Address:

Suburb:

State:

Postcode:

Home Phone:

Member 1:

Born on Kythera: Yes

No

Title:

Surname:

First Name:

Middle Name:

Occupation:

Date of Birth:

Email:

Mobile:

Place of birth: Town:

Country:

Member 2:

Born on Kythera: Yes

No

Title:

Surname:

First Name:

Middle Name:

Occupation:

Date of Birth:

Email:

Mobile:

Place of birth: Town:

Country:

All Members - Children Details Children over 18 years require their own membership if they wish to be a member of the KAA

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:

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 select amount paid)

Family Rate: \$60 \$75* \$240 Single Rate: \$35 \$50* \$140 *overseas only
 (more than one person per household)

Signature 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
--	---

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

PROPOSED BY: (Name) Signature
 (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: direct deposit trybooking credit card *mastercard/visa only*

Card No. Expiry Date CCV
 Cardholders Name Signature
 (as shown on card) (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 / /

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

Kytherian 4WD & Recreation Club	<input type="checkbox"/>	Kytherian World Heritage Fund (KWHF)	<input type="checkbox"/>
Kytherian Ladies Auxiliary	<input type="checkbox"/>	Mum's and Bub's	<input type="checkbox"/>
Kytherian Wine Klub (KAWK)	<input type="checkbox"/>	Kytherian Ball	<input type="checkbox"/>
Kytherian Young Families Group (KYFG)	<input type="checkbox"/>	Kytherian Soccer	<input type="checkbox"/>
Kytherian Youth Association (KYA)	<input type="checkbox"/>	Kythcare (Kytherian Aged Care Trust)	<input type="checkbox"/>
Karavitiko Symposium	<input type="checkbox"/>	Prefa & Tavli Club	<input type="checkbox"/>

FOR OFFICE USE ONLY Date Received Cheque / cc / dd / trybooking Amount: \$
 Date Ratified: Processed by: Date acceptance letter sent: