Australian Kfarsghab Association Limited
ABN 51 100 139 446
2a Amos St, Parramatta NSW 2142
PO Box 6880, Parramatta BC NSW 2150
Tel/Fax: 02 9682 7444
Website: www.kfarsghab.com.au

"In the Tradition of Our Forefathers"

2010

AKA MEMBERSHIPAPPLICATION FORM

I/We consent to become registered as member(s) of the Australian Kfarsghab Association Ltd and to abide by its Constitution.

GIVEN NAMES: (Please use block lettering)		TYPE OF MEMBERSHIP (Please indicate by placing an X in the appropriate box to the type of membership)		DATE:	Office Use Only
FIRST NAME:	SURNAME:	ADULT (See Note 1)	YOUNGER SET (See Note 2)	SIGNATURE	Financial or Social Member

Note 1: Must be over 21 years of age, unless married. Note 2: Must be over the age of 16 years of age.

ADDRESS:		
SUBURB:	STATE:	POSTCODE:
DAYTIME PHONE No.:	MOBILE No.:	
EMAIL ADDRESS:		

Choose Membership Type (Mark X)	x	No. of Persons	
	x		**Adult Membership - $20 (includes GST)**
	x		**Younger Set Membership - $10 (includes GST)**
	x		***Family Package Membership A - $45 (includes GST)** (Includes 2 Adult Members **Plus 1 Child** of Younger Set age (16 years & under 21)
	x		***Family Package Membership B - $50 (includes GST)** (Includes 2 Adult Members **Plus 2 or more** Children of Younger Set age (16 years & under 21)

Method of Payment

Method of Payment may be made by CASH, MONEY ORDER or CHEQUE or CREDIT CARD
Cheques or Money Order can be made out to: **Australian Kfarsghab Association Ltd**

Please debit my credit card (please tick)

*Bankcard ☐
*Mastercard ☐
*Visa ☐

Card No.: _____

Cardholder Name: _____

Expiry Date: _____ Signature _____

Total Membership Fee $ _____

*Note: Credit Merchant Card fees may apply - up to 2% for fees paid by Bankcard, Mastercard or Visa

Post completed AKA Membership Application Form to: Australian Kfarsghab Association Ltd

The Secretary
PO Box 6880
Parramatta BC NSW 2150

Issue Date: Nov 18 - 2009