



"In the Tradition of Our Forefathers"

Australian Kfarsghab Association Limited
ABN 51 100 139 446

PO BOX 3120
North Parramatta NSW 2151
Email: AKA_Secretary@Kfarsghab.com.au
Website: www.kfarsghab.com.au
Mobile: +61 (0) 406 011 887

2016

AKA MEMBERSHIP APPLICATION FORM

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

				*DATE MUST BE FILLED OUT FOR ACCEPTANCE		Office Use Only
GIVEN NAMES: (Please use block lettering)		TYPE OF MEMBERSHIP <small>(Please indicate by placing an X in the appropriate box to the type of membership)</small>		DATE*:		
SURNAME:	FIRST NAME:	ADULT <small>(See Note 1)</small>	YOUNGER SET <small>(See Note 2)</small>	SIGNATURE (Required)		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/S:

Choose Membership Type <small>(Mark X)</small>	x	No. of Persons	
<input type="checkbox"/>	x	<input type="checkbox"/>	Adult Membership - \$20 (includes GST)
<input type="checkbox"/>	x	<input type="checkbox"/>	Younger Set Membership - \$10 (includes GST)
<input type="checkbox"/>	x	<input type="checkbox"/>	*Family Package Membership - \$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** or **MONEY ORDER**, **CHEQUE**, **CREDIT CARD**, **EFT** (please circle)
Cheques or Money Order can be made out to: **Australian Kfarsghab Association Ltd**

Please debit my credit card (please tick)

*EFT	<input type="checkbox"/>
*Mastercard	<input type="checkbox"/>
*Visa	<input type="checkbox"/>

BSB: 942206 Account Number: 001136795
Please state your name/s and AKA Membership" as reference
Note: Ensure you email/post a signed scan/hardcopy of this form to the AKA Secretary

Cardholder Number: _____

Cardholder Name: _____

Expiry Date: _____ Signature _____

Total Membership Fee \$

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

Post or Scan completed AKA Membership Application Form to:

The Secretary, Australian Kfarsghab Association Ltd
PO Box 3120, North Parramatta NSW 2151

Email: AKA_Secretary@Kfarsghab.com.au

OFFICE USE ONLY

DATE RECEIVED : _____ **DATE ENTERED:** _____ **ENTERED BY:** _____

COMMENTS: