



Australian Kfarsghab Association Limited (ABN 51 100 139 446)

PO Box 3120, North Parramatta NSW 1750

AKA_Secretary@kfarsghab.com.au

www.kfarsghab.com.au

AKA MEMBERSHIP APPLICATION FORM - 2017 / 2018

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

GIVEN NAMES: <i>(Please use block lettering)</i>		TYPE OF MEMBERSHIP: <i>(Please indicate by placing an X in the appropriate column)</i>		DATE: <input style="width: 100%;" type="text"/> <small><i>Date must be filled out for validity</i></small>	
SURNAME:	FIRST NAME:	ADULT <small><i>(See Note 1)</i></small>	YOUNGER SET <small><i>(See Note 2)</i></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(ES):

Membership Type <small>(mark X)</small>	x	No. of Persons	x		TOTAL
<input style="width: 80%;" type="text"/>	x	<input style="width: 80%;" type="text"/>	x	Adult Membership - \$20 (includes GST)	membership fees due: <div style="border: 1px solid black; padding: 10px; font-size: 2em; font-weight: bold;">\$</div>
<input style="width: 80%;" type="text"/>	x	<input style="width: 80%;" type="text"/>	x	Younger Set Membership - \$10 (includes GST)	
<input style="width: 80%;" type="text"/>	x	<input style="width: 80%;" type="text"/>	x	Family Package* Membership - \$50 (includes GST)	
<i>* (Includes 2 Adult Members plus 2 or more children of Younger Set age (16 - 21 years))</i>					

Method of Payment

Please circle one: CASH CHEQUE/MONEY ORDER EFT CREDIT CARD

- For Cheques or Money Order, please make out to → **Australian Kfarsghab Association Ltd**
- For EFT payments, please direct to → **BSB: 942-206 Account Number: 001136795**
- For Credit Card payments, please provide details below ↓

Note: Please be sure to enter your full name in the Message/ Reference field of your internet banking screen

Please debit my credit card (please tick one):

Mastercard *	<input type="checkbox"/>	Cardholder Number: _____
Visa *	<input type="checkbox"/>	Cardholder Name: _____
		Expiry Date: _____ Signature _____

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

Please post or scan/email 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:
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COMMENTS: