



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

Payment due 30th June, 2017 now extended to 30th November, 2017

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

GIVEN NAMES: (Please use block lettering)		TYPE OF MEMBERSHIP: (Please indicate by placing an X in the appropriate column)		DATE: <input type="text"/>	<small>Date must be filled out for validity</small>
SURNAME:	FIRST NAME:	ADULT <small>(See Note 1)</small>	YOUNGER SET <small>(See Note 2)</small>	SIGNATURE (Required)	
					<small>Financial or Social Member</small>

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		TOTAL membership fees due:
<input type="checkbox"/>	x	<input type="checkbox"/>	Adult Membership - \$20 (includes GST)	<input type="text"/>
<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) <small>* (Includes 2 Adult Members plus 2 or more children of Younger Set age (16 - 21 years))</small>	

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 ↓
Please debit my credit card (please tick one):

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

Mastercard *

Visa *

Cardholder Number: _____

Cardholder Name: _____

Expiry Date: _____ CVV Code (3 or 4 digits): _____

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:** _____

COMMENTS: