



# 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 - 2018 / 2019

Payments being accepted from 1st July 2018

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

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

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

Please debit my credit card (please tick one):

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: