

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 - 2019 / 2020

Payments being accepted from 1st July 2019

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:	ate must be filled out for validi	ty
SURNAME:	FIRST NAME:	ADULT (See Note 1)	YOUNGER SET (See Note 2)	SIGNAT	URE (Required)	Financial or Social Member
ADDRESS:	Note 1: Must be over 21 years of ag	e, unless married. No	te 2: Must be over the ag	e of 16 years of age.		
SUBURB:		STATE:		POSTCODE:		
DAYTIME PHONE No.:		MOBILE No.:				
EMAIL ADDRESS(ES):						
	No. of Persons				TOTAL	
(mark X)	bership - \$20 (i	ncludes GST)		membership fee	es due:	
x		t Membership - \$10 (includes		GST)		
	age* Membership - \$50 (incl		-	\$		
x		Kage* IVIEMBERS Members plus 2 or more	•	•	Ψ	
Method of Payı	ment					
Please circle one:	EFT (INTERNET BANKI	NG)	CASH		CHEQUE	
. rease on one one.			0,1011		0.1202	
	ents - please direct to se be sure to enter yo					
• For Cheques - p	olease make out to "A	Australian Kfars	ghab Associati	on Ltd"		
Ple	ease post or scan/ema	ail completed A ary, Australian k			Form to:	
		k 3120, North Pa	_			
	Email:	AKA_Secretary		om.au		
DATE RECEIVED :	DATE EN	OFFICE US	DE UNLY	ENTERED BY:		