



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: <input type="text"/>	
				<i>Date must be filled out for validity</i>	
SURNAME:	FIRST NAME:	ADULT (See Note 1)	YOUNGER SET (See Note 2)	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 (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: EFT (INTERNET BANKING) CASH CHEQUE

- For EFT payments - please direct to BSB: 942-206 Account Number: 001136795
Note: Please be sure to enter your full name in the Message/ Reference field
- For Cheques - please make out to "Australian Kfarsghab Association Ltd"

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: