



# Kytherian Association of Australia

Postal Address: The Committee of the Kytherian Association of Australia

PO Box A203

SYDNEY SOUTH NSW 1235

Web Address: [www.kytherianassociation.com.au](http://www.kytherianassociation.com.au) Phone/Fax: 02 9750 4088

## 2011 MEMBERSHIP RENEWAL

### Due on 1 January, 2011

**Full Name:** Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_

**Full Name of Spouse:** *(if applicable)* \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Name(s) of Child(ren)** *(if applicable)* & **Date(s) of Birth:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Mobile)

**Email Address:** \_\_\_\_\_

Please tick if there is  
a change of address

**Occupation:** Member \_\_\_\_\_

Spouse \_\_\_\_\_

Have you attained the age of eighteen years? Yes/No *(please circle)*

Renewal for **FULL MEMBERSHIP** or **ASSOCIATE MEMBERSHIP** *(please circle)*

Are you are member of: **KLA, KYMG, 4WD&R Club, Golf Club, Soccer** *(please circle)*

**Place of Birth:** \_\_\_\_\_

**Full Members** of the Association must be either born on Kythera, be of Kytherian descent, or be Married to a Kytherian or person of Kytherian descent. Those who do not qualify for **Full Membership** qualify as **Associate Members**, which means they do not have any voting privileges.

**For Full Membership Renewal, if applicant was not born on the island of Kythera, please complete the following:**

Name of ancestor born on Kythera: \_\_\_\_\_

**OR** Name of husband or wife (living or deceased) born on Kythera: \_\_\_\_\_

**OR** Name of husband or wife (living or deceased) descended from a person born on Kythera: \_\_\_\_\_

\_\_\_\_\_

**ENCLOSED: Renewal Subscription for 2011**

**\$40 / Family Renewal** *(more than one person per household)* **OR**

**\$25 / Single Person Renewal** *(please circle amount paid)*

Signatures of Applicants: \_\_\_\_\_ Dated: \_\_\_\_\_

**CREDIT CARD PAYMENT ADVICE:-**

VISA

MASTERCARD

Please tick

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

*(as shown on card)*

**FOR OFFICE USE ONLY**

Date received..... Cash / Cheque \$..... Receipt No.....