



Kytherian Association of Australia

ABN 36 000 263 954

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Rockdale Post Shop
PO Box 183
Rockdale NSW 2216
Tel: +61 2 9599 6998

www.kytherianassociation.com.au

NEW MEMBERSHIP APPLICATION

I/we, the undersigned would like to become a **FULL MEMBER(s) / ASSOCIATE MEMBER(s)** (*please circle appropriate*) of the Kytherian Association of Australia. If accepted, I/we agree to be bound by the Memorandum and Articles of Association and any Rules, Regulation or By-Laws of the Kytherian Association from time to time in force.

All applicants must be 18 years of age or older.

\$50 / Family (*more than one person per household*) OR **\$30 / Single Person** (*please circle*)

Full Members of the Association must be either born on Kythera, be of Kytherian descent, or be married to a Kytherian or a person of Kytherian descent.

Full members registered as Families are entitled to 2 votes and Full members registered as Single are entitled to 1 vote.

Those who do not qualify for **Full Membership** qualify as **Associate Members**, which means they do not have any voting privileges, but are entitled to the other benefits of Full Members.

Member 1:

Born on Kythera: YES / NO

Title: _____ Surname: _____ First Name: _____ Middle Name: _____

Occupation: _____ D.O.B. _____

Email: _____ Mobile: _____

Place of Birth: Town: _____ Country: _____

Member 2:

Born on Kythera: YES / NO

Title: _____ Surname: _____ First Name: _____ Middle Name: _____

Occupation: _____ D.O.B. _____

Email: _____ Mobile: _____

Place of Birth: Town: _____ Country: _____

Address:

State: _____ Postcode: _____ Home Phone: _____

All Members - Children Details

Name of Child 1: _____ D.O.B. _____

Name of Child 2: _____ D.O.B. _____

Name of Child 3: _____ D.O.B. _____

Name of Child 4: _____ D.O.B. _____

Name of Child 5: _____ D.O.B. _____

Name of Child 6: _____ D.O.B. _____

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

Name or Names of persons or ancestors born on Kythera, (Name and Town Born):-

Kytherian born Person 1: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 2: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 3: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

Kytherian Born Person 4: _____ Town Born: _____

Relationship to Member 1 or Member 2: _____

ENCLOSED: Subscription (Please Circle amount paid)

\$50 / for Family (more than one person per household) OR \$30 / for Single Person

Signatures of Applicants: _____ Dated: _____

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

PROPOSED BY (NAME) Signature

SECONDED BY (NAME) Signature

If you would like to donate to the Kytherian Association Aged Care Trust, please indicate below.
All money donated to the Trust will be used only for Aged Care support in Australia.

Donation to Kytherian Association Aged Care Trust

No thank you Yes I would like to donate, PLEASE ADD \$ _____ to my Renewal

Enclosed: **Cheque / Money Order** or **Credit Card details below** (Master/Visa only)

Card No. _____ - _____ - _____ - _____ Expiry Date ____ / ____

Cardholder's Name (as shown on card).

Signature (as shown on card)

If you have any queries about your membership call us or email to:- member@kytherianassociation.com.au

Please indicate below if you would like to receive information and/ or updates from the following: -

Kytherian 4WD & Recreation Club		Kytherian Ladies Auxiliary	
Kytherian Aged Care trust		Kytherian Museum and Archaeology	
Kytherian Ass Wine Klub - KWAK		Kytherian Soccer	
Kytherian Book Club		Kytherian Young Mother's Group	
Kytherian Genealogy		Kytherian Prefa & Tavli Group	
Kytherian Kitchen			

FOR OFFICE USE ONLY

Date received..... Cash / Cheque / CC Amount: \$

By