



# Kytherian Association of Australia

Postal Address: The Committee of the Kytherian Association of Australia  
Rockdale Post Shop , P O Box 183  
ROCKDALE NSW 2216

Web Address: [www.kytherianassociation.com.au](http://www.kytherianassociation.com.au) Phone/Fax: 02 9750 4088  
E-mail: [membership@kytherianassociation.com.au](mailto:membership@kytherianassociation.com.au)

## 2012 MEMBERSHIP RENEWAL Due on 31 January, 2012

FULL MEMBERSHIP  ASSOCIATE MEMBERSHIP  (please tick)

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

**\$40 / Family Renewal (more than one person per household) OR**  
**\$25 / Single Person Renewal** (please circle)

**Member 1:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

**Member 2:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

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

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

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

Please tick if this is a change of address

**Email Address:** Member 1 \_\_\_\_\_

**Email Address:** Member 2 \_\_\_\_\_

Signatures of Applicant(s): \_\_\_\_\_ Dated: \_\_\_\_\_

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

**Name(s) of Children & Date(s) of birth (if applicable)**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

**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/CC \$..... Receipt No.....