



APPLICATION FORM ASSOCIATE MEMBERSHIP

Cyprus Community of NSW Limited ACN 002 306 336

58-76 Stanmore Rd., Stanmore 2048 Tel: (02) 9557 1256

Email: cyprusclub@optusnet.com.au

Subscription

5 Years \$5.50 (includes \$0.50 GST)

DECLARATION

I DECLARE that I am over 18 years of age and request you enter my name on the Register of Members accordingly, and I agree to be bound by your Constitution Rules and By-Laws of the Club.

SIGNATURE OF APPLICANT: DATE:

PROOF OF IDENTIFICATION WILL BE REQUIRED WITH APPLICATION

Title _____ Surname _____ First Name _____

Address: _____

Suburb: _____

Telephone Home: _____ Work: _____

Occupation: _____ Email: _____

Address of Employment: _____

Date of Birth ___/___/19___ Place of Birth (Town Village) _____

Name of Proposer _____ Card No: _____

Signature of Proposer: _____

Name of Seconder: _____ Card No: _____

Signature of Seconder: _____

Please tick if you do not wish to receive mail

Received: _____

FOR OFFICE USE ONLY

Card Number: _____

Date Entered: _____

Due Date for Approval _____

Identification No: _____

Receipt Number: _____

Card Issued: _____

Photo Taken: _____

Viewed By: _____