



GREEK ORTHODOX COMMUNITY OF NSW LTD ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ Ν.Ν.Ο.

APPLICATION FOR MEMBERSHIP

To the Council of the Greek Orthodox Community of New South Wales:

I desire to become a member of the Greek Orthodox Community of New South Wales Ltd, and I hereby agree if elected to become a member of the said Community to be bound by the Memorandum and Articles of Association and by-laws thereof.

Family Name

Given Name

Birth Details

Date DD / MMM / YYYY Sex M F

Suburb / Town

District / State

Country

Telephone number or daytime contact

	COUNTRY	AREA	NUMBER
Home	+61	(02)	
Office	+61	(02)	
Mobile	+61	(04)	

Occupation

Residential Address

Unit	Number	Address
Suburb		State NSW POSTCOCE

Postal Address

Same as the above

Unit	Number	Address
Suburb		State NSW POSTCOCE
Email	@	

Father Details

Family Name

Given Name

Country of Birth

Mother Details

Family Name

Given Name

Country of Birth

I certify that the statements by me on this application are true

Nominated by

Membership No:

Family Name

Given Name

Signature

Seconded by

Membership No:

Family Name

Given Name

Signature

Signature

OFFICE USE ONLY

Application No: _____ Date Accepted: ___/___/___ Receipt No: _____ Member No: _____