

Greek Orthodox Community of WA Inc "Evangelismos"

59 Carr Street, West Perth

Ph/Fax (08) 9227 6588 Email admin@evangelismos.com.au www.evangelismos.com.au

MEMBERSHIP APPLICATION FORM

Your Details

Surname (Please print) _____ Christian Name _____

Address _____ Postcode _____

Phone Number _____ Mobile _____

Email _____

Date of Birth _____ (Required as must be over 18 per Section 6 of the Constitution)

Membership category _____ Ordinary / Associate - Type I / Associate Type II / Associate Type III
(Please circle) Please see the section 6 of the GOCWA [HYPERLINK](#)

"http://www.evangelismos.com.au/images/church_template_images/Pages/Committee/Constitution/Constitution.pdf" [Constitution](#)
for an explanation of membership categories, available at [HYPERLINK "www.evangelismos.com.au" www.evangelismos.com.au](#)
under "Committee"

Primary Language (Please circle) English Greek

In making this application I certify that the above information is correct and, if accepted, I agree to be bound by the rules of the Association.

Signature: _____ Date: _____

NOMINATOR (must be financial member):

Signature _____

Name _____ Date _____

- Once approved, you will be notified by mail or email and your details will be recorded in the register of members.
- Upon request, members are entitled to inspect or make a copy of the register of members (section 35 of the *Associations Incorporation Act*)
- You can access or correct personal information (your name and address) by contacting the Association at admin@evangelismos.com.au or alternatively by mail to 59 Carr St West Perth, W.A. 6005.
- The rules (Constitution) of the Association, which cover membership eligibility, are available at www.evangelismos.com.au
- The annual membership fee is \$ 25 per annum or \$65 for 3 years and due on 1 January for each calendar year. \$20 or \$50 for 3 years for welfare recipient
- Members that are more than 6 months in arrears automatically cease to be members.

Payment Method

Cash	\$	Banking Details:
Cheque	\$	Greek Orthodox Community of WA Inc
Direct transfer	\$	BSB 036000 Account: 431219
		Reference: (Your name)

OFFICE USE ONLY: Date Received _____
Membership No. _____
Membership confirmed on _____

Version 1.2