

FAEA

Integrated Community

Friendship Australian Egyptian Association INC – A 0056279 J

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www.facebook.com/FAEA

FAEA MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:

E:

Phone:

Current address:

City:

State:

Post Code:

ANNUAL FINANCIAL YEAR MEMBERSHIP SUBSCRIPTION

Student

\$50

Senior

\$50

Adult

\$100

MEMBER DECLARATION

I, _____

of _____

Hereby apply to become a member of the above named Incorporated Association. In the event of the admission as a member, I agree to be bounded by the rules of the Association for the time membership is in force

Signature of applicant _____ Date _____

PROPOSER DECLARATION

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I, _____

a member of the Friendship Australian Egyptian Association, *First nominate* the applicant, who is personally known to me, for membership of the Friendship Australian Egyptian Association

Signature of Proposer _____ Date _____

I, _____

a member of the Friendship Australian Egyptian Association, *Second nominate* the applicant, who is personally known to me, for membership of the Friendship Australian Egyptian Association

Signature of Seconder _____ Date _____

FOR OFFICE USE ONLY

Chairman	Vice Chairman	General Secretary
Mona Radwan	Branko Jovanovic	Moartaz Abdoul

LIKE TO GET YOUR PICTURES PUBLISHED?



Please tick the adjacent box if you agree for any comments or pictures of you and your family to be published by the Association

APPROVED

**NOT
APPROVED**

MEMBERSHIP NUMBER: