## The Greek Community and Orthodox Parish of Auckland and Districts 106 Western Springs Rd, Morningside, Auckland

## **MEMBERSHIP FORM**

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	New Mem	bership 🗌	Ren	ewal 🗌
12.2 (Applications		our position will be a	ıs an 'interim meml	ee on an interim basis, under rule per', pending consideration and final
	LL fields and return this T/TYPE CLEARLY.	form to the above add	dress or any committe	ee member, with your payment, thank
Title (Mr, Mrs etc.)	Given Name	iven Name Family Name		
Title (Mr, Mrs etc.)			Family Name	
Nationality /	Ethnicity (Opti	onal)		
	Nationality		Ethnicity	
Full mailing ad	Address			
Suburb		City	,	Post code
E-mail address	<b>3</b>			
Phone		N	/lobile	
Date	Signature			
Annual subs	scription (pleas	se tick relevan	t box)	
Family:	\$80.00	Individual: \$	50.00	Please note that the Community year runs from 1 August to 31 July
Method of pay Internet Cash Cheque	Banking - Accou	unt 12-3026-073	2852-00 Please e	enter your name in the reference field
Additional tax	deductible dona	ation (please inc	licate amount):	\$
		For office	•	
Approved by:_			Signature:	
Approval Date	:			