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

MEMBERSHIP FORM

	New Membership	Renev	val 🗌
12.2 (Applications for	nce your application has been ac Membership), your position will l bers at the next Annual General I	be as an 'interim member'	on an interim basis, under rule , pending consideration and final
Please complete ALL f you. Please PRINT / T	ields and return this form to the above TYPE CLEARLY.	e address or any committee n	nember, with your payment, thank
Title (Mr, Mrs etc.) G	iven Name	Family Name	
Title (Mr, Mrs etc.) G	iven Name	Family Name	
Nationality /Et	nnicity (Optional)		
	Nationality	Nationality Ethnicity	
Full mailing addre	Address		
Suburb		City	Post code
E-mail address _			
Phone		Mobile	
Date		Signature	
Annual subscr	iption (please tick relev	/ant box)	
Family: \$1	00.00 Individual:	\$70.00	Please note that the Community year runs from 1 August to 31 July
Method of paym Internet Ba Cash Cheque	ent: nking - Account 12-3026-0	0732852-00 Please ente	r your name in the reference field
Additional tax de	ductible donation (please	indicate amount): \$	
Approved by:	For office	ce use only Signature:	

Approval Date: ___