



THE AUSTRAL-ARMENIAN ASSOCIATION INC.

Reg: Y2628218 ABN: 63 966 768 432
5 Grattan Cres. FRENCHS FOREST NSW 2086

CORRESPONDENCE

PO Box 192, FRENCHS FOREST NSW 1640
Ph: (02) 9451 3918
Email: info@austral-armenian.com.au
Website: www.austral-armenian.com.au

MEMBERSHIP APPLICATION FORM

(Please Write Clearly)

Title: Mr / Mrs / Miss / Other: _____

First Name: _____ **Surname:** _____

Street Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Home Phone: _____ **Mobile Number:** _____

Email Address: _____

I Hereby apply to become a member of the Austral Armenian Association.

In the event of my admission, I agree to be bound by the constitution of the association for the time being in force.

I am over the age of 18 as of the application signing date.

I have read and agree to abide by the Associations By-Laws and Membership responsibilities.

Signature: _____ **Dated:** _____

NOMINATING MEMBERS:

I _____
(Full name of Member)

A member of the Association, nominate this Applicant for membership of the Association.

Signature: _____ **Dated:** _____

I _____
(Full name of Member)

A member of the Association, second this nomination of the Applicant for membership of the Association.

Signature: _____ **Dated:** _____

Membership Fee:
\$15.00 based on a Financial Calendar Year.

Payment:
Please do not enclose payment with this Application.
Payment will be requested after acceptance of membership.

Office Use Only:

Approved

Declined Reason: _____

Signed: _____ Date: ____ / ____ / ____

Receipt No: _____