



# THE AUSTRAL-ARMENIAN ASSOCIATION INC.

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

## CORRESPONDENCE

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Website: [www.austral-armenian.com.au](http://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: \_\_\_\_\_