Greek Orthodox Community of Wellington (Inc.)

# MEMBERSHIP APPLICATION FORM

**<u>TO THE SECRETARY:</u> I hereby apply to become a member of the Greek Orthodox Community of Wellington Inc. I am a member of the Greek Orthodox Faith – I agree, if approved by the executive committee, to become a member of the Association and to be bound by the rules and regulations and the by-laws thereof.**

**PARTICULARS TO BE STATED FULLY AND CORRECTLY**

| | | | |
|---|---|---|---|
| Full Name and Title | | | |
| Full Address: | | | |
| Email Address: | | Phone Number: | |
| Profession: | | | |
| Age: | | Date of Birth: | |
| Nationality: | | Place of Birth | |
| Full name of Father | | Place of Birth of Father | |
| Full maiden name of Mother | | Place of Birth of Mother | |

Dated at ....., this..... day of ..... 20.....

Signature:.....

| | |
|---|---|
| Enclosed please find my first membership fee of: | $50.00 non-pensioner<br>$30.00 for pensioner |

***Office use only:***

*Approved by the Executive Management Committee on..... Signed.....*

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