



ASSOCIATION USE ONLY	
Member Code	Folio

CASTELLORIZIAN ASSOCIATION OF W.A. INC.

Application for Membership

www.cazziewa.org.au

Email: cazziewa@outlook.com

MAIL:
Forward the form and payment to:
The Castellorizian Association of WA
160 Anzac Road
Mount Hawthorn WA 6016

EFT TRANSFER:
Account Name: Castellorizian Association of WA
BSB: 066 129
Account: 00800217
Reference: your surname

1. **TYPE:** Application is for a SINGLE \$20 OR a HOUSEHOLD \$30 Annual membership fees
Fees are payable upon application then on 1st July of each year.

Title	Family name of primary applicant	First name/s of applicant ----- Preferred Name: -----	Year of Birth
FOR HOUSEHOLD MEMBERSHIP AT SAME ADDRESS:			
Title	Family name of spouse/partner	First name/s of applicant ----- Preferred Name: -----	Year of Birth
Street			
Suburb		State	Post Code
Home telephone	Business hours telephone	Mobile	
Email			

2. **CATEGORY:** (Tick box below, as appropriate.) Spouse/
I make application for membership of the Castellorizian Association of WA as: Primary Partner

Regular member	Persons born in Castellorizo or descendants of a person born in Castellorizo	<input type="checkbox"/>	<input type="checkbox"/>
Ordinary member	Persons married to Castellorizians or to Castellorizian descendants	<input type="checkbox"/>	<input type="checkbox"/>
Associate member	Other persons	<input type="checkbox"/>	<input type="checkbox"/>

3. **YOUTH AFFILIATE:** Children under 18 years of age (free) - list names below:

Youth Affiliate Names	Year of Birth

4. **APPLICANT:** In making this application I certify the above information is correct.

Signature _____ Date _____

5. NOMINATION BY CURRENT MEMBER		
NOMINATOR: I, (PRINT NAME) _____ am a current financial member of the Castellorizian Association of WA and nominate the applicant for the category of membership as indicated above and certify that to the best of my knowledge that the applicant meets the requirements of that category of membership.		
Phone No. _____	Signature _____	Date _____