



Australian Greek Welfare Society

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Email: agws@agws.com.au

MEMBERSHIP APPLICATION FORM

Applicants Details

Title: Mr. Mrs. Ms. Miss. Other.

First Name:

Surname:

D.O.B: / /

Address:

Suburb:

Post Code:

Occupation:

Telephone: (Home) (Work)
(Mobile)

Email:

I, hereby wish to apply for membership to the
(nominee)

Australian Greek Welfare Society.

(Membership Fee: \$20.00, incl. GST)

(Students/Pensioners/Un employed: \$2.00, incl. GST)

Signed: Date: / /

I, would hereby like to nominate
(proposer)

..... for membership to the Australian Greek Welfare Society.
(nominee)

Signed: Date: / /