GREEK ORTHODOX ARCHDIOCESE OF AUSTRALIA



To the Honorary Secretary, Greek Orthodox Parish of St George, Rose Bay. Dear Sir/Madam, I desire to become a member of the Greek Orthodox Parish of St George, Rose Bay and I hereby agree, to be bound by the Memorandum and Articles of Association and the by-laws thereof.

George Church Rose Bay

| Full Name | : | |
|---|----|---|
| Home Address | : | |
| | | |
| D.O.B | : | Birthplace |
| Nationality | : | Religion |
| Email | : | |
| Home | : | Mobile |
| Signature | : | |
| | | MEMBERSHIP FEE: SINGLE \$150, COUPLE \$300. Each member must complete a new form |
| | | Please tick Under 21 yrs old Over 21 yrs old |
| PROPOSER AND SECONDER OF A NEW MEMBER MUST BE FINANCIAL MEMBERS | | |
| Proposer | : | Signature |
| Seconder | : | Signature |
| OFFICE USE ONLY | | |
| Date applie | at | ion received : Date approved : |
| Receipt No | : | Payment : EFT CASH CHQ |

GREEK ORTHODOX PARISH OF ST. GEORGE, ROSE BAY 90 - 92 NEWCASTLE STREET ROSE BAY, NSW 2029

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