



# Membership Form

St George Church Rose Bay

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.

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

Secunder :  Signature

## OFFICE USE ONLY

Date application received :  Date approved :

Receipt No. :  Payment :  EFT  CASH  CHQ