



Greek Orthodox Community of Wellington (Inc.)

MEMBERSHIP APPLICATION FORM

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 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:

Address:

.....

.....

Email Address

Profession or Occupation:

Age: Date of Birth: Place of Birth

Nationality:

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 \$40.00 member
or \$20.00 for pensioner

Office use only

Approved by the Management Committee on Signed