



APPLICATION FOR MEMBERSHIP

HELLENIC CLUB OF CANBERRA LTD
 Matilda Street Woden ACT 2606
 Tel: 02 6281 0899 Fax: 02 6282 4487

HELLENIC CLUB IN THE CITY
 13 Moore Street Canberra City ACT 2600
 Tel: 02 6162 6777 Fax: 02 6162 6700

PO Box 263 Woden ACT 2606 | www.hellenicclub.com.au

1. Details Mr Mrs Miss Ms Other: _____ Family Name _____ Given Name _____ Date of Birth _____ Licence No. _____	2. Complete for Family Membership Mr Mrs Miss Ms Other: _____ Family Name _____ Given Name _____ Date of Birth _____ Licence No. _____
Residential Address: _____ <div style="text-align: right;">Postcode: _____</div>	
Postal Address: _____ <div style="text-align: right;">Postcode: _____</div>	
Telephone: _____ (h) _____ 1 (w) _____ 1 (m) <div style="text-align: right;">2 (w) _____ 2 (m)</div>	
Email 1 _____ Email 2 _____ <i>Please tick this box if you do not wish to receive the latest information on the Club's activities</i> <input type="checkbox"/>	
Proposed by: _____ Seconded by: _____ Badge No. _____ Badge No. _____	

I hereby apply for membership to the Hellenic Club of Canberra Limited, and agree to be bound by the constitution and by-laws of the Club. I am over the age of 18 years.
(Persons shall not be accepted as members of this Club until they have attained the age of 18 years)

Signature 1: _____ **Signature 2:** _____

Membership Fees:	Single \$8.80	Family \$16.60	Senior \$3.30	
To help us improve the services of your Club, please complete the following questionnaire.				
If you have children, please indicate age group:		<input type="checkbox"/> 1 – Age 0 to 5	<input type="checkbox"/> 2 – Age 6 to 12 <input type="checkbox"/> 3 – Age 13 to 18	
Are you:		<input type="checkbox"/> 4 – Member Olympic Football Club	<input type="checkbox"/> 5 – Member Majura Football Club <input type="checkbox"/> 6 – Member Weston Creek Football Club	
Which are do you work in:		<input type="checkbox"/> 7 – Belconnen <input type="checkbox"/> 8 – City	<input type="checkbox"/> 9 – Gungahlin <input type="checkbox"/> 10 – Tuggeranong	
		<input type="checkbox"/> 11 – Woden <input type="checkbox"/> 12 – Fyshwick	<input type="checkbox"/> 13 – Queanbeyan <input type="checkbox"/> 14 – Other	
Please indicate your interests:		<input type="checkbox"/> 15 – Food and Wine <input type="checkbox"/> 16 – Kids Entertainment	<input type="checkbox"/> 17 – Raffles <input type="checkbox"/> 18 – Promotions	
		<input type="checkbox"/> 19 – Poker Machines <input type="checkbox"/> 20 – Music Events	<input type="checkbox"/> 21 – Comedy <input type="checkbox"/> 22 – Sporting Events	
		<input type="checkbox"/> 23 – Fishing <input type="checkbox"/> 24 – Golf	<input type="checkbox"/> 25 – Greek Events <input type="checkbox"/> 26 – Greek Cultural Classes	
(OFFICE USE ONLY)	MEMBER DETAILS ENTERED BY:			
	Amount \$	Date	Initials	Badge #1