



# 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

<b>1. Details</b>  (Mr/Mrs/Miss/Ms) _____  Licence No. _____  Family Name _____  Given Name _____  Date of Birth _____	<b>2. Complete for Family Membership</b>  (Mr/Mrs/Miss/Ms) _____  Licence No. _____  Family Name _____  Given Name _____  Date of Birth _____
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Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ 1 (w) \_\_\_\_\_ 1 (m)  
 \_\_\_\_\_ 2 (w) \_\_\_\_\_ 2 (m)

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

*Please tick this box if you **do not** wish to receive the latest information on the Club's activities*

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: \_\_\_\_\_

<b>Membership Fees:</b>	<b>Single \$8.80</b>	<b>Family \$16.60</b>	<b>Senior \$3.30</b>
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**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"/> 11 – Woden	<input type="checkbox"/> 12 – Fyshwick	<input type="checkbox"/> 10 – Tuggeranong
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"/> 19 – Poker Machines	<input type="checkbox"/> 20 – Music Events	<input type="checkbox"/> 21 – Comedy
	<input type="checkbox"/> 23 – Fishing	<input type="checkbox"/> 24 – Golf	<input type="checkbox"/> 22 – Sporting Events
		<input type="checkbox"/> 25 – Greek Events	<input type="checkbox"/> 18 – Promotions
			<input type="checkbox"/> 26 – Greek Cultural Classes

**(OFFICE USE ONLY)**

ENTERED BY: _____	DATE: _____
AMOUNT \$ _____	BADGE #1 _____
	BADGE #2 _____