

Update of Membership Details

| NIANAT - | | | bership (\$3 | • | |
|---|------------------------------|---|---------------------------|----------------|--|
| NAME: | | | | CODE: | |
| MAIL: Forward the form and payment to: The Castellorizian Association of WA 160 Anzac Road Mount Hawthorn WA 6016 | | EFT TRANSFER: Account Name: Castellorizian Association of WA BSB: 066 129 Account: 00800217 Reference: your membership code or name | | | |
| □ I wish to chan | ge my membership det | ails as follows | S: | | |
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| | | Membe | Membership Reference Code | | |
| referred title Family name of applicant First name/s of applicant | | | | | |
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| | ADD YOUR | R CHILDRE | N | | |
| VOLITH AEEILIATE (| Children under 18 years of a | | | | |
| IOOTH AFFILIATE. | Youth Affiliate Na | | mes below. | Year of Birth | |
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