



The Secretary
 The Ancient Church of the East Inc.
 P.O. Box 271, Fairfield
 N.S.W 2165
info@stzaiacathedral.org.au

Date: _____

MEMBERSHIP APPLICATION

Dear Sir,

I desire to become a member of The Ancient Church of the East Inc. and I hereby agree, if elected to become a member of the Church, and to be bound by the Memorandum and Articles of the Association and by-laws thereof.

(Particulars to be stated fully and correctly)

Name: _____
(First Name) (Fathers Name) (Surname)

Address: _____

Date of Birth: _____ Date of Arrival in Australia: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Occupation: _____

Marital Status: Married Single Widow Widower (Tick One)

Dependant's Name	Relation	Date Of Birth

Signature Of Applicant: _____

Proposer: _____ Seconder: _____

Signature: _____ Signature: _____

Office Use Only	
Membership Number: _____	Date Accepted: _____
Receipt No: _____	