

ABN 93543 834 464 COA Sydney Incorporated 25 Rowe St Woollahra, 2025 Tel: 02 - 9389 0035 Fax: 02 - 9369 3535

Email: coa@coasydney.org

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www.coasydney.org

MEMBERSHIP APPLICATION

Pensioners:
Non-Pensioners:

Single \$30.00 incl GST Single \$35.00 incl GST Per Couple \$40.00 incl GST Per Couple \$50.00 incl GST

[Payment covers January to December each year]

(Note: Payments made from October 1st covers membership till the end

of the following year)

Applicant		Date		
Tit	e First Name	Surname		
St	reet Address		Post Code	
Но	me Phone		ast Occupation (Not Compulsory)	
Email		Date of Birth	Date of Birth	
	untry of Birth	Pension No.		
I am a Holocaust Survivor: Yes/No				
Partner A				
	e First Name	Surname		
E	mail	Mobile		
Date of Birth		Country of Birth		
Pension N).	I am a Holocaust Survivor:	Yes/No PTO	

I am Interested to became a Volunteer

Yes / No.

I nereby apply to become a member of the COA.				
Signature of Applicant Date				
Signature of Applicant Date				
COA Membership Credit Card Form				
Pensioners: Single \$30.00 incl GST Per Couple \$40.00 incl GST Non-Pensioners: Single \$35.00 incl GST Per Couple \$50.00 incl GST [Membership is January 1st to December 31st each year]				
☐ My cheque is enclosed or ☐ Please charge my Credit Card				
NB: The credit card details will be destroyed immediately after processing				
☐ Dr ☐ Mr ☐ Mrs ☐ Ms First Name:Family Name:				
Address: State: Post Code:				
Membership: \$ Card Type:				
Card Number:				
Expiry Date:/ Signature:				
Print Cardholders Name:				
OFFICE USE ONLY:				
Membership No:				
Computer ID No:				
Receipt No: Paid by: Cheque: Cash: Credit Card:				