



THE GOAN OVERSEAS ASSOCIATION OF VICTORIA INC.

P.O Box 6033
Caulfield South 3162
www.goav.org.au

APPLICATION FOR MEMBERSHIP

The Secretary
G.O.A. of Vic.

I desire to become a member of the Association and if accepted¹, agree to be abide by the Rules of the Association.

Required Information:

SURNAME: _____ GIVEN NAMES: _____

SPOUSE/PARTNER: _____

ADDRESS: _____

PHONE NO: _____ (BH) _____ (AH) _____ (Mob)

E-MAIL²: _____

DEPENDENT CHILDREN (Under 18 years of age):

Names	Date of Birth	Male/Female

I am a Goan YES / NO. If yes, please state VILLAGE IN GOA: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

The above named person is personally known to us and we believe him/her to be a suitable person to be accepted to the membership of the Association. We are fully paid up members.

Name of Proposer: _____ Signature of Proposer: _____

Name of Seconder: _____ Signature of Seconder: _____

Date: _____ Date: _____

Optional Information:

PROFESSION: _____

INTERESTS: _____
Konkani music/dance/language/ etc.

SPORTS: _____

OTHER: _____

Print, fill out and post this form, to the above address, with your cheque payable to **The Goan Overseas Association of Vic.**

Application Fee (Once off): \$5.00

Annual Membership: \$30.00

Students/Concession: \$15.00

¹ G.O.A. of Vic. reserves the right to accept or reject any application for membership as outlined in the constitution

² Opt-in to receive electronic delivery of the G.O.A. of Vic. events flyers and other communiqué