



**THE GOAN OVERSEAS ASSOCIATION OF VICTORIA (INC)**

**APPLICATION FOR MEMBERSHIP**

P.O. Box 6033  
Caulfield South, 3162  
Email: [goav@goav.org.au](mailto:goav@goav.org.au)

The Secretary  
GOAV

[www.GOAV.org.au](http://www.GOAV.org.au)

I desire to become a member of the Association and if accepted<sup>1</sup>, agree to abide by the Association Rules.

**Required Information:**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SPOUSE/PARTNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL<sup>2</sup>: \_\_\_\_\_

**DEPENDENT CHILDREN (18 years and under):**

Names	Date of Birth	Male/Female

Are you of Goan origin? YES / NO. If yes, denote VILLAGE IN GOA (if known): \_\_\_\_\_

Have you been a Member before? YES / NO

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 Fee (Jul–Jun): \$30.00  
Half Yearly (Jan–Jun): \$15.00  
Students/Concession: \$15.00

<sup>1</sup> Goan Overseas Association of Victoria reserves the right to accept or reject any application for membership as outlined in the Association Rules

<sup>2</sup> Opt-in consent to receive electronic delivery of the Goan Overseas Association of Victoria events flyers and other communiqué