



## APPLICATION FOR MEMBERSHIP

Email: [goav@goav.org.au](mailto:goav@goav.org.au)

Website: [www.goav.org.au](http://www.goav.org.au)

The Secretary, GOAV

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

### Required Information:

TITLE: \_\_\_\_\_ SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

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

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

☐ <sup>2</sup> Include my Mobile on the **GOAV Members Connect WhatsApp** group

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

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

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

DEPENDENT CHILDREN (18 years and under):

Names	Date of Birth	Male/Female

### Membership Class: (Tick the box that applies)

☐ **Ordinary Member:** Goan origin. Name of village in Goa (if known): \_\_\_\_\_

☐ **Associate Member:** Non-Goan origin with keen interest in Goan culture / heritage.

### Optional Information:

PROFESSION : \_\_\_\_\_

INTERESTS: ☐ Konkani Music ☐ Dance ☐ Language ☐ Sports ☐ Other \_\_\_\_\_

How did you hear about the GOAV? \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **For Office Use Only:** (To be completed by the Managing Committee)

Name of Proposer: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Seconder: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email completed form to: [goav@goav.org.au](mailto:goav@goav.org.au)

Initial (One-off)  
Application Fee: \$5.00

Subscription  
Annual Fee (Jul–Jun): \$30.00  
Half Yearly (Jan–Jun): \$15.00  
Students/Concession: \$15.00  
Seniors (65+ years) \$15.00

Bank Payment Details  
BSB: 013 437 (ANZ bank)  
A/C : 328 030 692  
NAME: Goan Overseas Association of Victoria

<sup>1</sup> Rules Book is available on the GOAV website (Membership page).

<sup>2</sup> Opt-in consent to receive electronic delivery of the GOAV events flyers and other communications