



Application for Membership

GFS Sydney Incorporated

(Incorporated under the Association Incorporation Act 2009)

I, _____
(Full name of proposer)

of _____
(Name of church)

(tick as appropriate)

- a member of GFS Sydney Incorporated OR
- a member of the Anglican Clergy OR
- leader of a Christian church

nominate the applicant, who is personally known to me, for membership of GFS Sydney Incorporated.

(Signature of proposer)

(Date)

I, _____
(Full name of applicant)

of _____

(Address)

(Phone number – mobile)

(Phone number – work)

(Phone number – home)

(Email Address)

(Date of birth)

(Name of Church attended)

(Occupation)

I hereby apply to become a member of the abovementioned Incorporated Association. In the event of my admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

(Signature)

(Date)

PTO



GFS Sydney Membership for 2026

Serving girls and women in Sydney

I would like to register for membership of GFS Sydney for 2026

Full Name: _____ Date of birth: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

I attend Church at _____ Suburb _____

TICK IF APPLICABLE

I do not want photos of me in the newsletter, on the GFS website or any promotional material

When my registration is accepted, I agree to abide by the Constitution and Policies and Procedures of GFS Sydney. I will at all times endeavour to uphold and comply with the Ministry Requirements of the Anglican Diocese of Sydney.

Signature: _____ Date: _____

I would like to receive GFS Sydney's Newsletter by Post Email No thanks

I would like to receive GFS Sydney's Prayer Guide by Post Email No thanks

NOTE: \$25 per person per year for Newsletter/Prayer Guide to be sent by Post

Membership \$30 per year

Concession \$20 per year

Payment Details: Cheque (payable to GFS Sydney Inc.)

or Electronic Funds Transfer to GFS Sydney Inc.

BSB: 032 008 Account: 410596 (Westpac)

(Please include the **reference** of your **surname** & the word "**membership**" for our bank statement)

Donation: \$ _____ Total Amount \$ _____ I do not require a receipt:

Please return completed form to: GFS Sydney Inc, PO Box 374, Emu Plains NSW 2750

or Email to info@gfs-sydney.org

Thank you for joining GFS Sydney.