



# LYCEUM CLUB OF GREEK WOMEN ΛΥΚΕΙΟΝ ΤΩΝ ΕΛΛΗΝΙΩΝ

JOHANNESBURG  
Established 1987

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## MEMBERSHIP APPLICATION FORM

SURNAME: ..... TITLE: .....

NAME: .....

POSTAL ADDRESS: .....

..... CODE: .....

RESIDENTIAL ADDRESS: .....

.....

..... CODE: .....

TELEPHONES: Home ..... Work .....

Cell ..... Fax .....

E-MAIL ADDRESS: .....

I prefer to receive communications by :  SMS  E-mail

I, the undersigned, hereby apply for membership of the Johannesburg Lyceum Club of Greek Women and agree to abide by the rules of the Lyceum Constitution.

I accept that the current membership fee is R200 per annum and submit herewith my fee for the current year.

BANKING DETAILS: STANDARD BANK, Bedford Gardens, Branch Code 018305, Account No. 422074276.

Signature .....

Date .....

Proposed by .....  
(fully paid-up members only)

Date .....

Seconded by Council .....

Date .....