

DIOCESE OF THE ARMENIAN CHURCH OF AUSTRALIA & NEW ZEALAND

THE ARMENIAN APOSTOLIC CHURCH OF HOLY TRINITY

MEMBERSHIP APPLICATION

☐ Fam	ily □ Individual □ Pens	ioner Couple
Date of Application		
	Applicant 1	Applicant 2
Applicant Name		
Date of Birth		
Birthplace		
Baptismal Church		
Arrival in Australia		
Usual Occupation		
Telephone / Mobile		
Number of children – name/s and age/s (under 18 years old)		
Address		
I / We hereby uncondition	ally and unequivocally accept:-	
,	n Apostolic Church of Holy Trinity (in NSW) of Etchmiadzin and as such duly accept ar	
,	e Supreme Patriarch and Catholicos of All igious, organizational and administrative ma	
,	de and act according to the provisions of the ia and New Zealand, as well as the By-Law South Wales.	•
my/ our moral and materia within my / our capabilities	al obligations to the Armenian Apostolic Ch	ic Church of Etchmiadzin and promise to fulf ourch of Holy Trinity and its instrumentalities n or to damage the interests of the Armenian ourches in Australia in particular.
	Applicant 1	Applicant 2
Signature		

PLEASE NOTE: Membership period is for a calendar year – 1 January to 31 December Membership is limited to one church ONLY