**2019 MEMBERSHIP RENEWAL FORM**

**Membership** (Please circle one)

**INDIVIDUAL** ($35) **FAMILY** (2 Adults $50) **SENIOR** ($20) **YOUNG DANTE** ($20)

|  |
| --- |
| **Title Name/s Surname**  |
| **Address** | **Postcode** |
| **Telephone** |
| **Email** (Print clearly) |

 **Preferred correspondence** (Please circle one) **EMAIL** or **POST**

**Payment** – Enclosed is (Please circle one)

**CHEQUE MONEY ORDER CASH DIRECT PAYMENT**

Of $\_\_\_\_\_\_\_\_\_\_ for **2019** Membership

**Electronic transfer** - Please indicate “membership” when transferring to this account

Dante Alighieri Society Melbourne Inc. Bendigo Bank (Cassa Commerciale)
**BSB** – 633 000 **ACCOUNT NUMBER** – 108 127 986

*(Please send a copy of your EFT receipt payment together with your form to Dante Alighieri Society P.O. Box 1124, Carlton VIC 3053)*

 **Signature Date**

 **OFFICE USE ONLY** DATE REC. CHEQUE / CASH / MONEY ORDER / DIR. PAYMENT Membership card/s issued

 Receipt no: Signature: