**NEW MEMBER 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 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:

**APPLICATION FOR MEMBERSHIP**

I/WE, (name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Occupation/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

desire to become a/an **INDIVIDUAL/FAMILY/SENIOR** member of Dante Alighieri Society (Melbourne Branch) Inc. In the event of my/our admission as a member, I/we agree to be bound by the rules of the Society for the time being in force. I/we understand and accept that:

(a) my/our admission to membership is subject to approval by the committee of management of the Society;

(b) if my/our nomination is so approved, I become a member when my name is entered in the Society’s register of members; and

(c) a member of the Society is entitled, subject to the rules of the Society, to inspect and take a copy of the register of members.

**Signature/s** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **OFFICE USE ONLY**

**Proposer**

I (current member), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

nominate the applicant who is personally known to me, for membership of the Society.

**Signature Date** 

**Seconder**

I (current member), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

second the nomination of the applicant who is personally known to me, for membership of the Society.

**Signature Date** 