

Membership Application form

Title, name, family name _____
 (please print)

Address _____

 _____ postcode _____

Contact (phone) home _____ mobile/work _____

E-mail _____

Occupation _____

Annual subscription	Single	\$ 40.00	Concession	\$ 25.00
(January to December)	Family	\$ 65.00	Life M/ship	\$ 600.00

New Member Renewal

I enclose payment to the value of \$ _____ or

Membership fee has been included with payment for school enrolment.

Signed: _____ Date: _____

New members only: OFFICE USE ONLY

Nominated by: _____ Date: _____

DAS student
 Yes / No

Date accepted by executive: _____

Payment Please debit my credit card for the amount of: \$ _____
 Bankcard Mastercard Visa card

Number - - -

Expiry date _____ / _____ (4 digits)

Name of cardholder _____

Alternative payment: cash / eftpos / bank transfer

Bank Account: Dante Alighieri Society Inc
BSB: 064-000
Account No: 902803

(office use only) Date received: _____