"for the diffusion of Italian language and culture"

Language School Enrolment form & Membership Application form

(Please print clearly)

2021
Term 1 & 2

SOCIETÀ DANTE ALIGHIERI

"il mondo in italiano"

Title, name, family name Mr Mrs Ms Miss ______________________________

Address ______________________________

______________________________ postcode ______________

E-mail ______________________________

Contact (phone) ______________________ Occupation ______________________

	Monday *possible classes*	Tuesday *possible classes*	Wednesday *possible classes*	Thursday *possible classes*	Friday *possible classes*
Morning classes start at 10:00am	☐ L **1** ☐ L **2**		☐ Elementare ☐ **C** e **S**	☐ L **3** ☐ L **4** ☐ **C** e **S**	☐ **C** e **S 1** ☐ **C** e **S**
Evening classes start at 6:30pm	☐ L 2 ☐ **C** e **S 1**	☐ Elementare ☐ L **3**	☐ Elementare ☐ L **1**	☐ L **1** ☐ L **2** ☐ L **4**	

Please **write 1** for your preferred day/time your course/level, **write 2** for a second preference in case of unavailability

Duration	Cost	Select
Term 1 – 10 weeks	$260.00	
Term 2 – 20 weeks	$490.00	
Full year – 40 weeks	$960.00	

No further discounts apply

Membership (Annual fee)	Cost	Select	Renewal?
Single	$ 40.00		
Family	$ 65.00		Yes / New
Concession	$ 25.00		
Life	$ 600.00		
Total			

New members only:
Signed: ______________________________ Date: ______________

How did you hear about the Dante Alighieri School? Friends Web site Advertisement Flyer

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

Number ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiry date _________(mm) /________(yy) (4 digits)

Name of cardholder ______________________________

Alternative payment: *cash / eftpos* *cheque*

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

Office Use Only
Date Received: ______________
Nominated by: ______________
Date: ______________ DAS student

Yes / No / Giochimpara

Date accepted by executive: ______________________________

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