

MEMBERSHIP 2024

1st January to 31st December

Please tick ✓ *New* *Renewal*

Associate Membership <i>(No voting rights)</i>	Student <input type="checkbox"/>	\$30.00
	Family <input type="checkbox"/>	\$80.00
Ordinary Membership <i>(Full voting rights)</i>	Single <input type="checkbox"/>	\$50.00

Title Surname(s) Given name(s)

1. _____

2. _____

(Extra names for Family Membership can be added at the back of the form)

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Signed: _____ Date: ____/____/____

Payment method (please tick):

EFTPOS in person at the office

Bank Transfer to Dante Alighieri Society **BSB 633 000 A/C 169 009 701**

Please quote '**full name**' and '**membership 2024**' as reference and send a copy of the receipt to info@dantewa.com.au

Office use only:

Committee Date of Meeting: ____/____/____ Approved Not approved

Applicant advised Subscription Paid: \$ _____ Date: ____/____/____

Comments: