



inspired by tradition

New

Renewal

MEMBERSHIP APPLICATION FORM

Membership #

TITLE (MR/MRS/MS/MISS) _____ SURNAME (COGNOME) _____

1st NAME (NOME) _____ COMPANY _____

ADDRESS (INDIRIZZO) _____

SUBURB _____ POSTCODE _____

PHONE (H) _____ (W) _____ MOBILE _____

FAX _____ EMAIL _____

OCCUPATION _____ D.O.B. (DATA DI NASCITA) ____/____/____

MEMBERSHIP OPTIONS (PLEASE CIRCLE) PRICE INCLUDING GST

FAMILY: \$310.00 (inclusive of \$85 Club Credit) SINGLE: \$295.00 (inclusive of \$85 Club Credit)

***PENSION: \$110.00 (inclusive of \$30 Club Credit) *FAM PENSION: \$125.00 (inclusive of \$30 Club Credit)**

***PENSION/SENIORS CARD NUMBER:** _____

****SOCIAL: \$150.00 (POOL – DARTS – GOLF Club – (ITALIAN Classes with IAWCC Additional fees)**

PLEASE CIRCLE which Activity you will be participating in

NOMINATION FEE \$25.00 (Only first time joining)

Membership is valid for 12 months from 1st October to 30th September. If joining mid-term, you will be charged pro rata. In October you will receive a membership renewal. SUBJECT TO APPROVAL BY WA ITALIAN CLUB (INC) COMMITTEE AND MEMBER

FAMILY DETAILS:

PARTNERS NAME _____ D.O.B. (DATA DI NASCITA) ____/____/____

BANK TRANSFER BSB 016-464 ACC 287918416 Bank Reference Your Name

CHEQUE: Made Payable to WA Italian Club Inc. for \$is enclosed

CREDIT CARD NAME OF CARDHOLDER: MasterCard Visa

EXPIRY:/..... CVV..... SIGNATURE

CARD NO:

PROPOSER: _____ **Signature** _____

SECONDER: _____ **Signature** _____

I/We agree to abide by the Constitution and Regulations of the Club

SIGNATURE/S: _____ **DATE:** _____

Office Use only

Abacus	CRM	Membership Card	Email
Credit Card	Direct	Cash	Cheque