

**2019 Membership Application**

I wish to apply for membership  I wish to renew my membership

Given name \_\_\_\_\_ Family name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Tel / Mobile \_\_\_\_\_

I wish to receive correspondence by: **Email**  **Post**

Should the need arise, I agree to have my photo published in the Dante Alighieri Newsletter: **Yes**  **No**

I am an Italian citizen registered with AIRE (Anagrafe degli Italiani Residenti all'Estero) **Yes**  **No**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMBERSHIP categories (please specify):**

- LIFE (\$400)
- ORDINARY (\$40)
- CONCESSION (\$30)
- ORGANISATION (\$80)
- PLIDA STUDENT

- 1) Concession rate is available to holders of pension, disability, unemployment, health care and student cards.
- 2) Persons enrolled in DA language classes receive automatic membership to the DA Society

**I wish to make a tax deductible donation of \$ \_\_\_\_\_ to the  
"DANTE ALIGHIERI CULTURE AND EDUCATION FUND"**

**I wish to pay by (please specify):**

- CASH
- CHEQUE
- MONEY ORDER
- ELECTRONIC FUNDS TRANSFER:

**Summary of payment**

DA Membership \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Payable to: BSB 065-107

ACCOUNT NO: 10236915

PAYER REFERENCE: (please enter your full name and payment details)

(NB. Money Orders are payable to: Dante Alighieri Society of South Australia Inc.)

Office Use

Amount tendered \_\_\_\_\_ Date of data entry \_\_\_\_\_ Membership No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Applicant advised \_\_\_\_\_ (date)