

2020 Membership Application

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

**Please PRINT clearly and complete all sections*

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:

Payable to: BSB 065-107

ACCOUNT NO: 10236915

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

Summary of payment

DA Membership \$ _____

Donation \$ _____

Total \$ _____

(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)