



APPLICATION FOR MEMBERSHIP

I,
(Full Name of Applicant/s)

Of
(Address)

(Email Address)

(Contact Phone No.)

wish to become a member of the **Ballarat Italian Association Inc.**

In the event of my admission as a member, I agree to be bound by the rules of the Association.

(Signature of Applicant/s)

(Date)

NOMINATION BY 2 CURRENT MEMBERS OF THE ASSOCIATION

Nominating Member

I, a member of the Association,
(Full Name of Nominating Member)

nominate the applicant/s, who is/are personally known to me, for membership of the Association.

(Signature of Proposer)

(Date)

Seconding Member

I, a member of the Association,
(Full Name of Seconding Member)

second the nomination of the applicant/s, who is/are personally known to me, for membership of the Association.

(Signature of Seconder)

(Date)

MEMBERSHIP FEES: Individual: \$25.00 Family: \$50.00 (Annual membership fees payable in July of each year).

PAYMENT OPTIONS:

1. Electronic Funds Transfer [EFT]

BANK: Bendigo Bank **ACCOUNT NAME:** Ballarat Italian Association Inc.

BSB: 633 000 **ACCOUNT NO:** 163 099 450 **REFERENCE:** Your surname name / Membership.

2. Cheque / Money Order

Post your cheque or money order, together with your completed application, to the Secretary at Ballarat Italian Association Inc. P. O. Box 167, BALLARAT, VIC, 3353.

CONTACT:

Email: Info@ballaratitalianassociation.org

President:	Cesare Dichiera	0400 990 542
Vice-President	Frank Cotronea	0412 547 569
Secretary	Sonya Roberts	0437 869 241
Treasurer	Evie Dichiera,	0438 290 751