



Application for Membership

I,
(Full Name of Applicant/s)

.....
(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

.....
Date:

NOMINATION BY 2 CURRENT MEMBERS OF THE ASSOCIATION

I,, a member of the Association
(Name)
nominate the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Proposer

.....
Date:

I,, a member of the Association
(Name)
second the nomination of the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Seconder

.....
Date

MEMBERSHIP FEES: Individual - \$25.00, Family - \$50.00.

**The Membership Fee is payable after the application has been accepted by the Committee of Management and you receive notification of the outcome.
Membership is paid annually and becomes payable in July of each year.**

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

Ballarat Italian Association Inc. P. O. Box 167 Ballarat Vic 3353
Email: info@ballaratitalianassociation.org
Website: ballaratitalianassociation.org