



APPLICATION FOR MEMBERSHIP

I,
(Full Name of Applicant/s)

Of
(Address)

(Email Address) (Contact Phone No.)

apply 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)

ANNUAL MEMBERSHIP OPTIONS / FEES [PLEASE SELECT BELOW]:

☐ **INDIVIDUAL:** \$25.00 | ☐ **COUPLE:** \$40.00 | ☐ **FAMILY:** \$50.00 [Includes children under 18]
[NOTE] Annual membership fees payable in July of each year

The Committee of Management will review your application and you will be formally notified of the outcome. If successful, you will be invoiced for your membership fee. All memberships operate on a financial year basis.

BALLARAT ITALIAN ASSOCIATION [BIA]

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