



Dante Alighieri Society of Western Australia Inc

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APPLICATION FOR MEMBERSHIP 2009-2010

Types of membership available and annual subscriptions payable (please indicate ✓)

RENEW NEW

Ordinary Membership	Single ____	\$25.00
	Couple ____	\$30.00
Concession Card Membership	Single ____	\$15.00
	Couple ____	\$25.00

I/We wish to apply for membership of the Dante Alighieri Society of Western Australia

1st Member: Title _____ Family Name _____ Given Name(s) _____

Address: _____ Suburb _____ Post Code _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

2nd Member: Title _____ Family Name _____ Given Name(s) _____

Address: _____ Suburb _____ Post Code _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Proposed by (Member Name): _____ Signed: _____

Office Use Only

Committee Decision: _____ Date of Meeting: _____ Applicant Advised: _____

Subscription Paid \$ _____ Date _____ Receipt No _____