

# ITALIAN FESTIVAL ASSOCIATION INC

PO Box 1297, DARWIN, NT, 0801

Telephone: 0414682206

ABN 95 205 949 636

Email: [info@italianfestivaldarwin.org](mailto:info@italianfestivaldarwin.org)

## MEMBERSHIP FORM

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DATE: ...../...../.....

I, the undersigned, hereby apply for membership of the Italian Festival Association Inc:

**FULL NAME:** \_\_\_\_\_  
Surname (Use Block Letters)      Given Name(s)

**ADDRESS:** Postal: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Residential: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

**TELEPHONE:** Private: \_\_\_\_\_ Business: \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PERIOD OF RESIDENCE IN THE NORTHERN TERRITORY:** \_\_\_\_\_

I Hereby make application for Membership as follows:

*(Please indicate by placing a tick in applicable box)*

Type	5 Years
MEMBERSHIP	\$5 [ ]

Memberships can be paid to:
Name IFA, BSB: 085933
Account: 122718619

\_\_\_\_\_  
*Signature of Applicant*

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**ALL FEES APPLICABLE MUST ACCOMPANY THIS APPLICATION**

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Office Use

FEES PAID: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

*Signature*

RECEIPT No: \_\_\_\_\_