

ITALIAN SPORTS AND SOCIAL CLUB INC

131 Abala Road, MARRARA, NT, 0812

PO Box 39105, WINNELLIE, NT, 0821

Telephone: 0414682206

ABN 42030031406

Email: italclubdarwin@hotmail.com

MEMBERSHIP FORM

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

I, the undersigned, hereby apply for membership of the Italian Sports and Social Club Inc:

FULL NAME: _____
Surname (Use Block Letters) Given Name(s)

ADDRESS: Postal: _____
_____ Post Code: _____

Residential: _____

_____ Post Code: _____

(NB Please provide address details so that they can be checked against our current records)

TELEPHONE: Private: _____ Business: _____

EMAIL _____

PLACE OF BIRTH: _____ **DATE OF BIRTH:** _____

PERIOD OF RESIDENCE IN THE NORTHERN TERRITORY: _____

I Hereby make application for Membership under the following status:

(Please indicate by placing a tick in applicable box)

Type	1 Year	2 Years	3 Years	4 Years
FAMILY MEMBERSHIP	\$30 []	\$50 []	\$70 []	\$90 []
SINGLE MEMBERSHIP	\$20 []	\$35 []	\$50 []	\$65 []
PENSIONER MEMBERSHIP	\$5 []	\$10 []	\$15 []	\$20 []
SOCIAL MEMBERSHIP	\$5 []	\$10 []	\$15 []	\$20 []

Memberships can be paid to:

Name: ICD, BSB: 015883

Account: 416802664

Signature of Applicant

ALL FEES APPLICABLE MUST ACCOMPANY THIS APPLICATION

Office Use

FEES PAID: \$ _____ RECEIVED BY: _____

Signature

RECEIPT No: _____