DALMATINSKO KULTURNO DRUŠTVO INC. / DALMATIAN CULTURAL SOCIETY INC.



 10-14 New North Rd, Eden Terrace
 PO Box 8479 Symonds Street, Auckland New Zealand

 Ph (09) 379 7680
 dalmatiancultural@gmail.com

MEMBERSHIP APPLICATION FORM 2023/24

I/We the undersigned hereby apply to become a full member of the Dalmatian Cultural Society Inc. and acknowledge that if accepted, I/we shall uphold and be bound by the Constitution and Rules and By-Laws of the Society.

Date of Application/	/				
	APPLICANT 1		APPLICANT 2		
Full Name of Applicant:					
Date of Birth:					
Postal Address:					
Email Address:					
Telephone Number:					
Signature:					
Family Membership Names: (Living at same address)	Full Name	Date	of Birth	Email Address	
Family Member 1:					
Family Member 2:					
Family Member 3:					
Family Member 4:					
Family Member 5					

Membership Type / Payment Details (includes \$25 joining fee)				
	Membership Fee	Joining Fee	Total (circle one)	
Ordinary Member (Single)	\$80	\$25	\$105	
(Couple)	\$115	\$25	\$140	
Family (living at the same address)	\$120	\$25	\$145	
Superannuitant (Single)	\$40	\$25	\$65	
(Couple)	\$80	\$25	\$105	
Associate Member	\$80	\$25	\$105	
(not a descendant or partner of a member)				
Junior Member (under 18 years)	\$40	\$25	\$65	
		TOTAL	\$	

PAYMENT METHOD (circle one): Cash	Direct Debit	Eftpos	PAYMENT DATE:	/	/	
Bank Account Details: 02-0144-0070761-00 Ref: (Surname) Code: (Membership Type)						

NOMINATORS (Two Signatures required for Application to be accepted)

We the undersigned, being full financial members of the Society, knowing the applicant/s and believing them to be suitable for full membership of the Society do hereby nominate the applicant/s as stated above.

Nominator Name:	Signature:	Date:	/	/
Seconder Name:	Signature:	Date:	/	/

ARE YOU INTERESTED IN DOING ANY VOLUNTARY WORK AT OUR SOCIETY? YES/ NO

OTHER MEMBERSHIPS: Are you currently a member, or hold an executive position, of any other Society that covers people of former Yugoslav origin? **YES/ NO**