

DALMATINSKO KULTURNO DRUŠTVO INC. / DALMATIAN CULTURAL SOCIETY INC.



10-14 New North Rd, Eden Terrace PO Box 8479 Newmarket, Auckland, New Zealand
 Ph (09) 379 7680 dalmatiancultural@gmail.com www.dalmatian.org.nz

MEMBERSHIP APPLICATION FORM

	APPLICANT 1	APPLICANT 2	
Full Name of Applicant:			
Date of Birth:			
Postal Address:			
Email Address:			
Telephone Number:			
Signature:			
Family Membership Names: <i>(Living at same address)</i>	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			
	Membership Fee	Joining Fee	Total (circle one)
Ordinary Member <i>(Single)</i>	\$80	\$25	\$105
<i>(Couple)</i>	\$115	\$25	\$140
Family <i>(living at the same address)</i>	\$120	\$25	\$145
Superannuitant <i>(Single)</i>	\$40	\$25	\$65
<i>(Couple)</i>	\$80	\$25	\$105
Associate Member <i>(not a descendant or partner of a member)</i>	\$80	\$25	\$105
Junior Member <i>(under 18 years)</i>	\$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: ___/___/___

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.

Signed..... Date of Application.....