



DALMATINSKO KULTURNO DRUŠTVO 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

Full Name of Applicant:		Date of Birth:	
Postal Address:			
Email Address:			
Telephone Number:		Signature:	
To help us create a Club experience that reflects our diverse membership and aligns with our membership criteria, please select the region(s) that represent your cultural heritage.			
Tick Region of Descent:	<input type="checkbox"/> BIH <input type="checkbox"/> CRO <input type="checkbox"/> N MACE <input type="checkbox"/> MON <input type="checkbox"/> SER <input type="checkbox"/> SLO <input type="checkbox"/> Other please state		

Applicant 2

Full Name of Applicant:		Date of Birth:	
Postal Address:			
Email Address:			
Telephone Number:		Signature:	
To help us create a Club experience that reflects our diverse membership and aligns with our membership criteria, please select the region(s) that represent your cultural heritage.			
Tick Region of Descent:	<input type="checkbox"/> BIH <input type="checkbox"/> CRO <input type="checkbox"/> N MACE <input type="checkbox"/> MON <input type="checkbox"/> SER <input type="checkbox"/> SLO <input type="checkbox"/> Other please state		

For additional family members please, turn over page.

Membership Type	Annual Membership Fee	Joining Fee	Total	Tick
Ordinary Member (Single)	80.00	25.00	105.00	
Ordinary Member (Couple)	115.00	25.00	140.00	
Associate Member (not a descendant or partner of a member)	80.00	25.00	105.00	
Junior Member (<i>under 18 years</i>) , need to reapply when you turn 18 years old	40.00	25.00	65.00	
Family (living at same address)	120.00	25.00	145.00	
Superannuiant (Single)	40.00	25.00	65.00	
Superannuiant (Couple)	80.00	25.00	105.00	

Payment Method

- ☐ Cash
 ☐ Direct Debit **Account 02-0144-0070761-00** **Reference:** Surname **Code:** Membership type
- ☐ Eftpos Payment date: _____ Payment Amount: \$ _____

Nominators - Two signatures required

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.

1st Nominator Name: _____ Signature: _____ Date: _____

2nd Nominator Name: _____ Signature: _____ Date: _____

I/We, consent to becoming a member of the Dalmatinsko Kulturno Društvo and confirm the above details are true and correct and I/We, agree to uphold the Constitution and By Laws.

Applicant 1 Signature _____ Date: _____

Applicant 2 Signature _____ Date: _____

Office Use Only:	Secretary input <input type="checkbox"/> Received <input type="checkbox"/> Nominators check <input type="checkbox"/> Approved <input type="checkbox"/> Input in Database <input type="checkbox"/> Advertised Date: _____	Treasurer input Paid Date: _____ Received by: _____
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Additional Family Members living in the same household

Applicant 3

Full Name of Applicant:							Date of Birth:	
Postal Address:								
Email Address:								
Telephone Number:							Signature:	
To help us create a Club experience that reflects our diverse membership and aligns with our membership criteria, please select the region(s) that represent your cultural heritage.								
Tick Region of Descent:	<input type="checkbox"/> BIH	<input type="checkbox"/> CRO	<input type="checkbox"/> N MACE	<input type="checkbox"/> MON	<input type="checkbox"/> SER	<input type="checkbox"/> SLO	<input type="checkbox"/> Other please state	

Applicant 4

Full Name of Applicant:							Date of Birth:	
Postal Address:								
Email Address:								
Telephone Number:							Signature:	
To help us create a Club experience that reflects our diverse membership and aligns with our membership criteria, please select the region(s) that represent your cultural heritage.								
Tick Region of Descent:	<input type="checkbox"/> BIH	<input type="checkbox"/> CRO	<input type="checkbox"/> N MACE	<input type="checkbox"/> MON	<input type="checkbox"/> SER	<input type="checkbox"/> SLO	<input type="checkbox"/> Other please state	

Applicant 5 or more

Full Name of Applicant:							Date of Birth:	
Postal Address:								
Email Address:								
Telephone Number:							Signature:	
To help us create a Club experience that reflects our diverse membership and aligns with our membership criteria, please select the region(s) that represent your cultural heritage.								
Tick Region of Descent:	<input type="checkbox"/> BIH	<input type="checkbox"/> CRO	<input type="checkbox"/> N MACE	<input type="checkbox"/> MON	<input type="checkbox"/> SER	<input type="checkbox"/> SLO	<input type="checkbox"/> Other please state	

ARE YOU INTERESTED IN DOING ANY VOLUNTARY WORK AT OUR SOCIETY?

The Dalmatian Cultural Society thrives thanks to the generosity of its volunteers. There are many meaningful and fun ways to get involved, stay connected, and contribute—no prior experience needed, and your time commitment can be as flexible as you need. Whether it's lending a hand in the Dalmatian Kitchen, bar, museum, archive, events, wardrobe, or supporting our folklore programme, there's something for everyone.

- ☐ Yes If yes, which areas are you interested in? _____
- ☐ No

Privacy Act 2020

The information on this Application will be collected, used, and disclosed in accordance with the Privacy Act and its principles. If you would like to obtain access or make corrections to your personal information, please contact the club Secretary on dalmatiancultural@gmail.com