



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 2026-2027

	APPLICANT 1	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. Please circle.							
BIH	CRO	N MACE	MON	SER	SLO	OTHER	

Turn page over and add any further family members living at home with you.

Membership Type / Payment Details			
	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
Superannuantant (Single)	\$40	\$25	\$65
(Couple)	\$80	\$25	\$105
Associate Member (not a descendant or partner of a member)	\$80	\$25	\$105
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 for _____ years 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 Dalmatinsko Kulturno Društvo Inc. and acknowledge that if accepted, I/we shall uphold and be bound by the Constitution and Rules and By-Laws of the Society.

First Applicant..... Date of Application.....

Second Applicant..... Date of Application.....

Once children become 18 years of age they will have to consent and sign to become an Ordinary Member of the Society.

	APPLICANT 3	APPLICANT 4
Full Name of Applicant:		
Date of Birth:	AGE	AGE
Postal Address:		
Email Address:		
Telephone Number:		
Signature:		

	APPLICANT 5	APPLICANT 6
Full Name of Applicant:		
Date of Birth:	AGE	AGE
Postal Address:		
Email Address:		
Telephone Number:		
Signature:		

Over the Age of 18 years at the time of signing this Membership application Form.

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

Third Applicant..... Date of Application.....

Forth Applicant..... Date of Application.....

Fifth Applicant..... Date of Application.....

Sixth Applicant..... Date of Application.....

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

The Dalmatinsko Kulturno Drustvo Inc 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.

If yes, what areas are you interested in ? _____

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