



MEMBERSHIP APPLICATION FORM

Please complete and return this application form:

You must at least complete the data requested marked * (ample information will assist processing and approval).

Full Name *:

Street Address*:

Postal Address: *(if different)*

Tel (W)*:

Tel (AH)*:

Email:

Occupation*:

Country of Birth:

Date of Birth*:

Are you a member of any other Club or Association? * Yes No

Name of Club/Association? *

Employment History:

Position

Organisation

Position

Organisation

Educational Background*:

Year

Degree/Course

Institution/Company

Year

Degree/Course

Institution/Company

Volunteer Experience*:

General Interests*:

In order for the Board of Directors to consider and support your application please complete the following questions.

Why would you like to join Co.As.It.??*

In which way will you be able to contribute to the mission of Co.As.It.??*

What areas of Co.As.It. interest you the most?*

- | | |
|---|---|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Language Education |
| <input type="checkbox"/> Italian Heritage | <input type="checkbox"/> Italian Bilingual School |
| <input type="checkbox"/> Events | <input type="checkbox"/> Voluntary work |

I declare that the above information is true and correct:

Date*:

Full name of Applicant*: _____ Signature*: _____

Full name of Proposer (a current member)*:

Who declares that the Applicant is personally known to me for Year/s or Months and is of good fame and character.

Signature*:

Full name of Seconder (a current member)*:

Who declares that the Applicant is personally known to me for Year/s or Months and is of good fame and character.

Signature*:

If you do not know any members the Secretary will arrange to contact you about your application. Please note: it is important that you otherwise fully complete your application.

Membership applications are subject to approval by a resolution of the Co.As.It. Board of Directors who in their discretion may require additional information. Payment will only be accepted and processed when your application is approved.

Membership Fees

Joining Fee: \$10.00

Annual membership Fee: \$30.00

Subscription and payment is due on 1 January each year.

Please note:

- 1. Membership is valid from date of payment until 31 December of that year.
- 2. You will normally need to have Co.As.It. members to propose and second your application, but if you don't know or cannot contact a member then your application will be considered based on the information you provide in the attached application form. The Secretary will arrange to contact you about your application.

Please find enclosed the sum of \$ 40.00 being for Joining Fee and Annual Subscription

- cheque
- postal order
- Cash (in person ONLY)
- Please charge my credit Card \$40.00

Master Card Visa Bank Card

Credit Card Number

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Name on Card _____

Expiry Date ____/____

SIGNATURE _____