

ITALIAN AUSTRALIAN SPORTING & SOCIAL CLUB OF GIPPSLAND INC.



499-501 PRINCES
PO BOX 505, MORWELL, 3840 HIGHWAY, MORWELL, 3840

03-5134 3541

NOMINATION FOR MEMBERSHIP

APPLICATION DETAILS:

1. **TYPE OF MEMBERSHIP:** FULL MEMBERSHIP: SINGLE:
 FULL MEMBERSHIP: FAMILY: (Spouse or Partner Only)

NOMINATION BY EXISTING MEMBER:

We, the undersigned, being members of the Club, propose and second the nomination of the Applicant.

Proposer:
 (Name - Printed) (Signature) (Date)
 Member No:

Seconded:
 (Name - Printed) (Signature) (Date)
 Member No:

*To nominate a New Member - you must have been a Full Member of the Italian Australian Club for a minimum of twelve months

2. **NAME:**

	<i>(Surname)</i>	<i>(Christian Name)</i>	<i>(Occupation)</i>
Mr.
Mrs.
Miss.

3. **ADDRESS:**

Private: Phone:
 Business: Phone:

4. **DECLARATION:**

I/We desire to become a member/members of the ITALIAN AUSTRALIAN SPORTING & SOCIAL CLUB OF GIPPSLAND INC. I am/We are over the age of eighteen years and agree, if admitted to be bound by the Rules of the Club for the time being in force. I/We hereby enclose Subscriptions of \$.....

.....
 (Signature of Applicant/s) (Date)

5. **OTHER INFORMATION:**

Please state any other information which may be of assistance to the Committee in considering this application:

.....

CLUB USE ONLY

MEMBERSHIP NO:

DATE NOMINATED:

DATE PASSED BY COMMITTEE:

SUBSCRIPTIONS: FAMILY \$25.00 SINGLE \$15.00 PENSIONER/STUDENT \$10.00 PENSIONER FAMILY \$15.00