



*Società Dante Alighieri, Gold Coast Inc.*

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## **2024 APPLICATION FOR MEMBERSHIP / RENEWAL**

Family Name (Mr,Ms,Mrs,Dr, ?)\_\_\_\_\_

Given Name(s)\_\_\_\_\_

Dante Membership Number \_\_\_\_\_

Other Persons Names and Membership Numbers if joining with a Family Membership

\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_ **Post Code**\_\_\_\_\_

Telephone H\_\_\_\_\_ W \_\_\_\_\_ Mobile\_\_\_\_\_

Fax\_\_\_\_\_ Email address\_\_\_\_\_

Occupation\_\_\_\_\_ Italian Citizen? Yes/No

Single(\$20)\_\_\_\_\_ OR Family (\$25)\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Payment** may be made by - Cash / Cheque / \*Direct Deposit into:

BSB 034216

Acct No 862414

**\*Use Surname as Reference of Payee**