



# Società Dante Alighieri, Gold Coast Inc.

Address- PO Box 6862 G.C.M.C 9726

Email- [info@dantegoldcoast.com](mailto:info@dantegoldcoast.com)

## Language Class Enrolment Application - Semester 2 2019

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

Phone - \_\_\_\_\_ Mobile - \_\_\_\_\_ Email - \_\_\_\_\_

**Enrolment Day in Dante rooms** - Tuesday 2<sup>nd</sup> July 5:00-7:00pm

### Please circle the time of class in which you want to enrol

CLASS	DAY	EVENING
Adult	Time 10am – 12 Noon	Time 7pm – 9pm
Introduction	Tuesday	Thursday
Beginners 1	Wednesday	Thursday
Beginners 2		Wednesday
Beginners 3		6.30pm Tuesday
Intermediate 1 (Starting)	Friday	Monday
Intermediate 1 (Continuing)	Friday	
Intermediate 2	Monday	6.30pm Tuesday
Advanced 2	Monday	Monday
Lingua, Cultura e Società	Wednesday	Wednesday

Circle- Payment Type- Cash / Cheque / Direct Debit  
NO CARDS ACCEPTED

- **BSB 034216 Acct No 862414**  
Use Surname as reference of Payee

Office use Only: Date Received \_\_\_/\_\_\_/\_\_\_ Amt paid \$ \_\_\_\_\_ Rec No: \_\_\_\_\_

## Dante Alighieri Society Gold Coast - Membership Application 2019-(6 Months)

Please tick

New Member  Renewal  Single \$10  Family \$12.50

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

Other Persons Names joining Family Membership \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone H \_\_\_\_\_ M \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Signature \_\_\_\_\_

Italian Citizen? Yes No