



Membership No: Office Use Only
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APPLICATION FOR MEMBERSHIP TO:

EGIALIAN ASSOCIATION OF MELBOURNE AND VICTORIA INC.

APPLICANT'S SURNAME:

APPLICANT'S GIVEN NAME:

PLACE OF BIRTH (CITY OR TOWN): DOB: /..... /.....

CURRENT ADDRESS:

SUBURB: POSTCODE:

TEL NO: MOBILE NO:

EMAIL: PENSIONER: YES / NO

APPLICANT'S FATHER'S NAME AND SURNAME:

APPLICANT'S MOTHER'S NAME AND SURNAME:

NAME OF SPOUSE (IF APPLICABLE):

SPOUSE'S FATHER'S NAME AND SURNAME:

SPOUSE'S MOTHER'S NAME AND SURNAME:

I desire to become a member of the EGIALIAN ASSOCIATION. In the event of admission as a member, I agree to be bound by the Rules of Association at all times.

Applicant's Signature:

Date:

1) PROPOSER'S FULL NAME:

I, a regular member of the Egialian Association, nominate the applicant who is personally known to me, for Association membership.

Proposer's Signature:

Date:

2) SECONDER'S FULL NAME:

I, a regular member of the Egialian Association, nominate the applicant who is personally known to me, for Association membership.

Secunder's Signature:

Date:



OFFICE USE ONLY:

Approved by Committee as:

- Regular Member
- Social Member – Egialian
- Social Member – Non-Egialian

Date: /..... /.....

Entered into Membership Book on:

Date: /..... /.....

MEMBERSHIP FEE PER YEAR:	\$15.00	\$
PENSIONER:	\$7.50	\$
ADMINISTRATION FEE:	\$10.00	\$
	TOTAL:	\$