



MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Phone: _____ Mobile: _____

Occupation: _____

Date: _____

wish to become a member of Co.As.It. Italian Australian Welfare Association Inc. and request my name to be entered on the Register of Members accordingly.

I agree to abide by the Rules of the Constitution and conditions of membership.

I also enclose the amount of \$ 15.00 being the annual subscription fee.

Signature _____

Proposed by _____
(Co.As.It. member) Please print

Seconded by _____
(Co.As.It. member) Please print

Original application form must reach this office before the membership is considered for approval.

A confirmation letter will be sent following approval of membership by Management Committee.