

APPLICATION FOR MEMBERSHIP OF

GERMAN SPEAKING SOCIETY YARRA VALLEY INC.

I/WE (NAME)

OF (ADDRESS)

WISH TO BECOME MEMBER/S OF THE “GERMAN SPEAKING SOCIETY YARRA VALLEY INC”. UPON APPROVAL OF THIS APPLICATION, I/WE AGREE TO BE BOUND BY THE CURRENT RULES OF THE “ASSOCIATION”.

.....
(SIGNATURE OF APPLICANT/S)

DATE

COUNTRY OF BIRTH

TELEPHONE NO

E-MAIL

JOINING FEE \$5.00 PER PERSON
ANNUAL FEE \$25.00 PER PERSON

I/WE (PRINT NAME)
BEING CURRENT MEMBERS OF THE “ASSOCIATION”,
PROPOSE THE APPLICANT/S, WHO IS/ARE PERSONALLY
KNOWN TO ME/US, FOR MEMBERSHIP OF THE
ASSOCIATION.

.....
(SIGNATURE/S OF PROPOSER/S)

DATE/...../.....