

ASSOCIAZIONE ABRUZZESI DEL NSW INC.  
PO BOX 196 FIVE DOCK NSW 2046 AUSTRALIA  
PH: +61 9788 6833 - ABN: 309 176 982 67  
www.associazioneabruzzesinsw.com.au

**MEMBERSHIP APPLICATION FORM**

I, the undersigned, hereby apply to become a member of the Associazione Abruzzesi Del NSW Inc. and agree to be bound by the [Rules of the Association](#).

Title: Mr  Mrs  Miss  Ms

Surname: \_\_\_\_\_ Name: \_\_\_\_\_  
Cognome Nome

Maiden name (if Applicable): \_\_\_\_\_  
Nome da ragazza

Address: \_\_\_\_\_  
Indirizzo

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Telefono Home Mobile

Date of Birth: d\_\_\_\_/m\_\_\_\_/y\_\_\_\_  
Data di nascita

Place of Birth: \_\_\_\_\_  
Luogo di nascita Town or city / Paese o citta Country / Nazione

\_\_\_\_\_  
Signature / Firma

\_\_\_\_\_  
date / data

My cheque or money order is enclosed, made payable to ASSOCIAZIONE ABRUZZESI DEL NSW INC  
**OR**

Please debit my credit card:  VISA  MASTERCARD Number:.....  
Name on Card ( Please PRINT ) .....Expire Date...../.....  
Signature.....

PLEASE send this form with your check, money order or credit card details to:

**ASSOCIAZIONE ABRUZZESI DEL NSW INC**

**PO BOX 196 FIVE DOCK NSW 2046**

*Thank you!*

ASSOCIAZIONE ABRUZZESI DEL NSW INC follows the National Privacy Principals and keeps your data private.

**Nomination of applicant**

I \_\_\_\_\_ being a member of the Associazione Abruzzesi Del NSW Inc. nominate the applicant, who is personally known to me, for membership of the Association.

\_\_\_\_\_  
Signature / Firma

\_\_\_\_\_  
date / data

**Office Use Only**

Application accepted and approved by committee for calendar year: \_\_\_\_\_ Signed on behalf of committee

Application rejected by committee this calendar year:

\$10.00 Fee Paid  Receipt issued  Membership card issued  Records updated