

Austrian Association of SA Inc. (Österreichischer Klub Adelaide) 11–17 Torrens Road, Ovingham SA 5082 Telephone 0427 234 350 Website: www.austrianclubsa.com

Application for Membership

Applicants Name: _ (Please PRINT)	plicants Name:(Surname)			(First name)	
	(Surmaine)		(1 113)	,	
Date of birth: Country of birth:					
Spouse Name: (Please PRINT)	Ouse Name:(Surname)			et name)	
	Email:				
Date of birth:	te of birth: Country of birth:				
Please tick:	Married □ Sing	gle 🗆	Pensioner: Yes	s □ No □	
I declare that the above information is true and correct. Upon my acceptance as a member of the Austrian Association of SA Inc., I agree to abide by the existing rules as set out in the Constitution and Club rules of the Association. Date: Signature of Applicant:					
Date:	Signature of Spouse:				
Two signatures are required by current members of the Austrian Association of SA Inc. to support your application for membership.					
1(Sign	ature of member)		(Please print your full na	ame)	
2.					
(Sign	ature of member)		(Please print your full na	me)	
Date placed on Notice B	soard:/	_/			
Date accepted at Committee Meeting:/					
Signature of President from the Austrian Club:					
Letter of Acceptance posted:// Membership paid://					