



Application for Membership

Applicants Name: _____
(Please PRINT) (Surname) (First name)

Phone No: _____ Email: _____

Date of birth: _____ Country of birth: _____

Address: _____

Spouse Name: _____
(Please PRINT) (Surname) (First name)

Phone No: _____ Email: _____

Date of birth: _____ Country of birth: _____

Please tick: Married ☐ Single ☐ Pensioner: Yes ☐ 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. _____
(Signature of member) (Please print your full name)

2. _____
(Signature of member) (Please print your full name)

Date placed on Notice Board: ____ / ____ / ____

Date accepted at Committee Meeting: ____ / ____ / ____

Signature of President from the Austrian Club: _____

Letter of Acceptance posted: ____ / ____ / ____ Membership paid: ____ / ____ / ____