MEMBERSHIP APPLICATION

SOUTH AUSTRALIAN ITALIAN ASSOCIATION INC.

YOUR DETAILS:

Title:	First Name:	Last Name:
Postal Address:		
Suburb:	State:	Postcode:
Phone (H):	Phone (W):	Mobile:
Email:	Italian Citizen *(please tick)* : ☐ YES ☐ NO	
Occupation:	D.O.B: / /	

DECLARATION:

I am a *(please tick)* ☐ NEW MEMBER ☐ RENEWING MEMBER

I/We agree to abide by the Constitution and regulations of the South Australian Italian Association Inc. (SAIA) and acknowledge that membership is subject to approval by SAIA.

New Members Signature:	Date:
Proposer's Signature:	Date:

PAYMENT:

Ordinary Membership	1 Year	2 Years	3 Years
I. Individual Member:	☐ $70	☐ $130	☐ $190
II. Pensioner Member:	☐ $40	☐ $70	☐ $100

OR

Life Membership	
I. Life Member:	☐ $1000
II. Life Governor:	☐ $1500
III. Life Vice President:	☐ $3000

** Membership of SAIA is based on the calendar year, commencing January 1 and concluding December 31.*

AUTOMATIC RENEWAL:

☐ I would like my membership renewed automatically and authorise SAIA to debit my credit card for the amount of membership fee indicated above, or future membership fees as determined by SAIA.

Card Number:

Expiry Date: CVV No. *(last 3 digits on back above signature).*

Name on Card:

Cardholder's Signature:

Other Payment Options:

Bank Transfer: South Australian Italian Association Inc.

BSB: 105 010 Account Number: 094379340 Reference: Surname + Initial First Name

Please complete this form and return it to: SAIA, 262a Carrington Street, Adelaide SA 5000

OR

join online at www.saia.com.au/online-membership-registration/