



Application for Membership

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

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

Address: _____

Phone No. Applicant: _____ Email: _____

Phone No. Spouse: _____ Email: _____

Date of birth Applicant: _____ Country of birth: _____

Date of birth Spouse: _____ Country of birth: _____

Please tick: Married Living together 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: _____

Membership paid / Date: _____ Amount: \$ _____