WA CALABRESE
Association inc.

Membership Application Form

New Membership ☐ **Membership Renewal** ☐ Date / /

Please Tick the appropriate box.

Your Details

Please complete the following details and return to our secretary.

Title	First Name	Surname
Age	Date of Birth / /	Occupation
Phone / Mobile Number		Email Address
Address	Suburb	Postcode
Background of Parents		Origin of Family

Payment

Cash ☐ Bank Transfer ☐

Bank Details

BSB: 306-053 **ACC No:** 419 6032

Reference:
Please quote first and last name.

Acknowledgment

I hereby provide the above-mentioned details together with a registration fee of AUD $10.00 being the annual membership fee to join the WA Calabrese Association Inc.

Signed	Date

All membership applications are subject to approval by the WA Calabrese Association Inc. Board of Management and proposing member/s.

C/ WA Italian Club
219 Fitzgerald Street, PERTH WA 6000
All correspondences to: PO BOX 46 NORTH PERTH WA 6906