



Alliance Française Gold Coast Inc.

Application for Membership

I wish to become a member of the above-named Incorporated Association. I agree to be bound by the Constitution of the Association.

APPLICANT'S DETAILS (PLEASE PRINT):

Ms/Mrs/Miss/Mr. Last Name:

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First Name:

.....

Address:

.....

Postcode:

.....

Tel (Mobile):

Tel (Home):

.....

Email:

.....

Signature of Applicant:

Date:

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MEMBERSHIP DETAILS:

- New Member
- Renewal
- Single
- Dual/Family
- Concession Card Holder (card to be sighted)
- Associate Member

- In accordance with Section 70 (4) of the Associations Incorporations Act 1981, all activities of the Alliance Française Gold Coast Incorporated are covered by Public Liability Insurance up to \$20,000,000.
- New membership applications will be considered at the next committee meeting of Alliance Française Gold Coast. The membership year end of 31 December of each calendar year.
- Membership payment can be made to your teacher in person, on the secure payment form on our website or by Direct Deposit - Acc Name: Alliance Française Gold Coast, BSB 034-216, Acc: 27 8162, Ref: Full Name