ABN: 70 295 170 814

## **APPLICATION FOR MEMBERSHIP**

I hereby apply to become a member of the abovenamed Incorporated Association. I agree to be bound by the Constitution of the Association.

APPLICANT'S DETAILS (Please print):			
Ms/Mrs/Miss/Mr Last Na	ıme:		
First Name:			
Address:			
			Postcode
Tel (Mobile):		(Home):	
Email:			
Signature of Applicant			
MEMBERSHIP DETAILS			
	Renewal	Single	Dual/Family □
MEMBERSHIP DETAILS	Renewal	Single	

- 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. The amount of the Public Liability Insurance is \$10,000,000.
- New membership applications will be considered at the next committee meeting of Alliance Française Gold Coast. The membership year ends on 31st December of each calendar year.
- Membership payment can be made to your teacher; on the secure payment form on our website; or by direct deposit into our bank account: Account Name: Alliance Française Gold Coast BSB: 034-216 Account: 27-8162 Reference: Your full name e.g. Anna Smith