

White Eagle House



Dom Orła Białego

Membership Application

Zgłoszenie na Członkostwo

Polish Community Association in Geelong Inc.

Związek Polaków w Geelong Inc.

46-48 Fellmongers Rd, Breakwater 3219

Tel: 52291009 Email: whiteeagle1@bigpond.com

Application Form - Formularz zgłoszeniowy

Full Name/Imię i Nazwisko: _____

Date of Birth/Data Urodzenia ____/____/____

Address/Adres _____

Mobile Number _____

Email: _____

Occupation/Zawód _____

Signature/Podpis _____

Membership Category/Kategoria Członkostwa

Please Circle one - Proszę zaznaczyć:

Ordinary

Associate

Social

Nominator #1: _____ **Membership No.** _____

Signature/Podpis: _____

Nominator #2: _____ **Membership No.** _____

Signature/Podpis: _____

Date: _____

Official Use Only

Date Application Received: _____

Date Presented at Committee Meeting: _____

Date of Committee Approval/Acceptance: _____

Date Applicant Notified: _____

Date Membership Fully Paid: _____

Receipt Number: _____

Membership Number: _____

Signed by Secretary _____

This Form must be submitted with the one-off **\$10** joining fee plus the annual membership subscription of **\$20. Total of \$30**