



Membership Application Form

Applicant: _____
Surname First Name

Residential Address: _____

Postal Address: _____

Contact Details: _____
Phone Mobile
_____ Email

Type of Application: (Please tick) New: ___ Renewal: ___

1 Year: Family (\$25): ___ Single (\$15): ___ Pensioner (\$10): ___

2 Years: Family (\$50): ___ Single (\$30): ___ Pensioner (\$20): ___

Persons Included in this Application:

Spouse/Partner: _____

Child/children:	Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant **Date**

Proposer: _____ **Second:** _____

Address: _____ **Address:** _____

Please note: Financial members 18 years old and over have full voting rights and have the right to become an officer after being a financial member for 12 months.

Office use only: The FAANT Inc, P.O. Box 41639 Casuarina 0811 ABN 59 373 783 856 Received from _____ the sum of _____ For an application to become an initial member/renew membership for the year _____ as Family/single/pensioner member. Officer's Signature: _____ Date: _____	Method of payment: Cash/cheque/EFT Eft Details: Account name: FILIPINO AUST ASSOC OF THE NT INCORP Bank name: Commonwealth Bank BSB: 065901 Account number: 00914080
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