

APPLICATION FOR MEMBERSHIP

NAME: _____
(Please PRINT name) (Surname) (Christian name)

SPOUSE: _____
(Please PRINT name) (Surname) (Christian name)

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NR. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF BIRTH/SPOUSE: _____ PLACE OF BIRTH: _____

MARRIED: () SINGLE: ()

NO OF CHILDREN: () NAME: _____ Age: () m/f ()

NAME: _____ Age: () m/f ()

NAME: _____ Age: () m/f ()

OCCUPATION OF APPLICANT: _____

I declare that the above information is true and correct. Upon my acceptance as a member of the Austrian Association of SA Inc. I agree to abide by the existing rules as set out in the Constitution and Club rules of the Association.

DATE: _____
(Signature of applicant)

Two signatures are required by a financial member of the Austrian Association to support your application for membership.

1 _____
(Signature of member) (Please PRINT your name)

2 _____

Date placed on notice board: _____

Date of accepted at Com. Meeting: _____

Signature of President: _____

Membership paid: _____