

Tramountanas-North Association Incorporated

Postal Address: PO Box 419 Kilkenny South Australia 5009

APPLICATION FOR MEMBERSHIP

To the Managing Committee

I declare that I will abide by the rules of the Association and hereby apply for membership of the

Tramountanas - North Association Incorporated as a [please place **X** in appropriate box below]:

Full Member [Descendant]

Associate Member [non-Descendant]

1. Applicant's Personal Details:

Surname: (Mr/Mrs/Ms): Given Name(s):

Address: P/C.....
[No. Street Suburb/City [Post Code]

2. Applicant's Communication Details:

Telephone (H) (W) (M)

E-mail Address : @

3. Applicant's North - Tramountanas Ancestry:

The section below is for Full Member applications only, Associate Member applicants please disregard.

I warrant that I am of North-Tramountanas ancestry as demonstrated by the genealogical chart below.

3. [a] Grand Father's Name: [Father's side]	3. [b] Grand Mother's Name: [Father's side]
3. [a] Grand Father's Name: [Mother's side]	3. [b] Grand Mother's Name: [Mother's side]

4. Birth Details:

4.1. Birth date: 4.2. Place of Birth:

[Town or City of Australia or Overseas.]

4.3. Membership is also open to your spouse/partner as an Associate Member [see 8. below for fees]

(Mr/Mrs/Ms):

5. Occupation Details:

5.1. Occupation: 5.2 Expertise:

6. **Nomination:** supported by a Full Member of the T-NA Inc.

6.1. Application Supported by: (Mr/Mrs/Ms)

6.2. Relationship: [if any]

7. Applicant's Signature: Date:/...../.....

8. **Membership Fees:** \$15.00 first year & \$10.00/year thereafter.

*****Fees are due & payable in January each year*****

Office Use Only

The Managing Committee considers the application [is - is not] bona fide in accordance with the Association's Constitution and Rules and accordingly recommends [acceptance - non-acceptance] of the application. [Delete as required]

Signed: [Chairperson]..... [Secretary].....

Date Admitted:..... Membership no:..... Date:.....