

**THE DUTCH COMMUNITY
(DUTCH SOCIAL & WELFARE CLUB) Inc.**

P.O. Box 123 Salisbury South SA 5106

**APPLICATION FOR MEMBERSHIP/
MEMBERSHIP RENEWAL FORM 2009/10**

Mr/Mrs/Ms

Family Name..... Given Names (s).....
 Occupation..... Date of Birth.....
 Spouse F/Name..... Given Name (s).....
 Occupation..... Date of Birth.....
 Address..... Suburb.....
 State..... Post Code.....
 Phone..... Work..... Date of Marriage.....
 Membership No. Applicant..... Membership No. Spouse.....

Date.....

I/we hereby apply for membership/renewal of my/our membership of The Dutch Community (DSWC) inc. for the financial year 01/07/09-30/06/10. I/we understand that children under the age of 16 are included in this application. (Please attach list if space is insufficient for children's particulars as shown below).

1. Given Name (s)..... Date of Birth.....

2. Given Name (s)..... Date of Birth.....

Signature Applicant.....Spouse.....

Full Membership	Full Pensioner	Please circle the relevant M/ship details.
Family Single \$80.00 \$45.00	Family Single \$42.00 \$24.00	
Full Associate	Associate Pensioner	Fees for members living not less than 70 km from our Club. \$11.00 (All categories)
Family Single \$72.00 \$40.00	Family Single \$36.00 \$20.00	

Office use only. - Date Received.....Date Accepted.....

**MEMBERS WHO HAVE RECEIVED LIFE MEMBERSHIP STATUS, OR
MEMBERS WHO ARE ABOUT TO RECEIVE LIFE MEMBERSHIP STATUS,
CAN IGNORE THIS RENEWAL FORM.**