



APPLICATION FOR VENETO CLUB MEMBERSHIP

(Applicable from 1st May 2024 – 30th April 2025)

All SHADED fields below are Mandatory – If not applicable, write

TITLE: MR / MRS / MS / Other: _____ (please circle)

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: _____ OCCUPATION: _____

CONTACT INFORMATION

ADDRESS: _____ POSTCODE: _____

HOME TELEPHONE: () _____ MOBILE: _____

EMAIL ADDRESS: _____

NEXT OF KIN (in case of emergency)

FIRST & LAST NAME: _____ PHONE NO.: _____

Please list these details of the person who introduced you to the Veneto Club:

FIRST & LAST NAME: _____ MEMBER NO.: _____

FAMILY ORIGINS/HERITAGE INFORMATION

Note: If family origins or heritage questions are NOT completed then applicant will be deemed an Associate Member

COUNTRY OF BIRTH: _____ PROVINCE IF IN ITALY: _____

Are your Parents, Grandparents from Italy? (please circle) YES NO

> If YES, from which Province in Italy? _____

Are any member(s) of your family **current** members of the Veneto Club?

(please circle) YES NO

> If YES, what is their member name & number

Full Name: _____ Membership number: _____

Are you interested in participating/assisting in any of the following areas? (Please tick)

- | | | | |
|--------------------------------|--------------------------------------------|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Choir | <input type="checkbox"/> Tennis | <input type="checkbox"/> Ladies Events | <input type="checkbox"/> Fundraising & Sponsorship |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Squash | <input type="checkbox"/> Golf | |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Football (Soccer) | <input type="checkbox"/> Volunteering | |

Please Turn Over 

DECLARATION: I submit my application for membership to the Veneto Club and agree to abide by the Rules & Constitution of the Club

APPLICANT FULL NAME: _____

SIGNATURE: _____ DATE: _____

Please tick this box if you wish to join 'Veneto Rewards'

Please tick this box if you do not wish to receive promotional or marketing material that may include alcohol or gaming related activities (which may be sent by post, email or SMS)

Please tick this box if you do not wish to receive official Veneto Club notices by email or SMS.

To assist in completing the application it requires the endorsement of current Veneto Club Founding Members (numbers start with '3') or Veneto Members (numbers start with '1') to propose and second your application

1) **PROPOSED BY:** (Print Name) _____

MEMBER Number: _____ DATE: _____ SIGNATURE: _____

2) **SECONDED BY:** (Print Name) _____

MEMBER Number: _____ DATE: _____ SIGNATURE: _____

MEMBERSHIP FEES

Joining Fee: \$65.00 (once off compulsory payment only for the year of joining)

	Membership	Concession (For applicants aged 65 years or over)
From 1 st May 2024	\$130.00 <input type="checkbox"/>	\$65.00 <input type="checkbox"/>

Additional Partner/Spouse Card: \$10

PARTNER/SPOUSE Name: _____ PARTNER/SPOUSE Date of Birth: _____

Additional Membership Option available: (Please tick selection)

Squash: Pennant: \$165.00 Non Pennant: \$265.00

Tennis: Single: \$125.00 Family: \$225.00

PLEASE POST OR EMAIL YOUR COMPLETED APPLICATION FORM TO THE FOLLOWING ADDRESS:

Membership/ Club Secretary – Membership: Veneto Club, 191 Bulleen Rd, Bulleen VIC 3105

Email: membership@venetoclub.com PH: (03) 9850 7111

OFFICE USE ONLY -- MEMBERSHIP TYPE: VENETO / ASSOCIATE

Rejected
 Deferred until

REASONS: _____

RECEIVED BY: DATE:

APPLICANT NAME:

ACCEPTED BY:

BOARD APPROVAL DATE: