



Scandinavian Australian  
Association Incorporated  
Canberra ACT

Scandinavian  
Australian  
Association

**MEMBERSHIP RENEWAL/APPLICATION FORM 2010**

<b>PERSONAL DETAILS (PLEASE PRINT)</b>			
Name		Date of Birth	/ /
Partner name		Date of Birth	/ /
Children*		Date of Birth	/ /
		Date of Birth	/ /
		Date of Birth	/ /

<b>CONTACT DETAILS</b>			
Address		Phone - home	
Town/ Suburb		Phone - work	
State		Postcode	Mobile
Email address			

<b>COUNTRY OF ORIGIN OR PARTICULAR AFFINITY (TICK ALL THAT APPLY)</b>						
Australia <input type="checkbox"/>	Denmark <input type="checkbox"/>	Finland <input type="checkbox"/>	Iceland <input type="checkbox"/>	Norway <input type="checkbox"/>	Sweden <input type="checkbox"/>	Other <input type="checkbox"/>

<b>SCANDINAVIAN LANGUAGES SPOKEN OR READ (TICK ALL THAT APPLY)</b>					
Danish <input type="checkbox"/>	Finnish <input type="checkbox"/>	Icelandic <input type="checkbox"/>	Norwegian <input type="checkbox"/>	Swedish <input type="checkbox"/>	Other <input type="checkbox"/>

<b>WHAT ACTIVITIES WOULD YOU LIKE THE ASSOCIATION TO DO?</b>
<b>ALL ACTIVITIES OF THE ASSOCIATION ARE DONE BY VOLUNTEERS. WOULD YOU LIKE TO HELP WITH ANY OF THESE ACTIVITIES</b> Yes / No

I consent for information contained on this form to be disclosed to Scandinavian diplomatic missions in Australia

<b>ANNUAL MEMBERSHIP FEES</b>		
Family/Couple* \$30.00 <input type="checkbox"/>	Single \$20.00 <input type="checkbox"/>	Concession ** \$10.00 <input type="checkbox"/>

\*Children under 18 - included in family membership

\*\* The concession rate applies to any person who is a full time student or who is receiving a pension

**PAYMENT BY**

Cheque  Cash  Electronic transfer

National Australia Bank  
Scandinavian Australian Association  
BSB 082-926 Account 04-943-3325  
Provide your last name as payment ID

<b>SIGNATURE / DATE</b>
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