



Società Dante Alighieri, Gold Coast Inc.

Address- PO Box 6862 G.C.M.C 9726

Email- info@dantegoldcoast.com

Language Class Enrolment Application - Semester 1 2019

Family Name _____ Given Name(s) _____

Phone - _____ Mobile - _____ Email - _____

Enrolment Day in Dante rooms- Tuesday 22nd January 5:00-7:00pm

Please circle the time of class in which you want to enrol

CLASS	DAY	EVENING
Adult	Time 10am – 12 Noon	Time 7pm – 9pm
Introduction	Wednesday	Thursday
Beginners 1		Wednesday
Beginners 2		6.30pm Tuesday
Beginners 3	Friday	Monday
Intermediate 1	Friday	
Intermediate 2	Monday	6.30pm Tuesday
Intermediate 3		Thursday
Advanced 2	Monday	Monday
Lingua, Cultura e Società	Wednesday	Wednesday

Circle- Payment Type- Cash / Cheque / Direct Debit - **BSB 034216 Acct No 862414**

Use Surname as reference of Payee

Office use Only: Date Received ___/___/___ Amt paid \$ _____ Rec No: _____

Dante Alighieri Society Gold Coast - Membership Application 2019

Please tick

New Member Renewal Single \$20 Family \$25.00

Family Name _____ Given Name(s) _____

Other Persons Names joining Family Membership _____

Address _____ Post Code _____

Telephone H _____ M _____ Email _____

Occupation _____ Signature _____

Italian Citizen? Yes No