Anfe

Associazione Nazionale Famiglie degli Emigrati Inc

Membership Application

I hereby apply for membership of the Associazione Nazionale Famiglie degli Emigrati Inc.

I agree to abide by the rules of the Association and any amendments which, at any time may be passed by the Management Committee.

Yearly Membership Fees

☐ $20.00 - Adult ☐ $15.00 - Concession

I ……
(NAME)

……
(ADDRESS)

…… ……..
(SIGNATURE) (DATE)

Home Phone | | | | | | | | | **Work Phone** | | | | | | | | |

Mobile | | | | | | | | | | | **Email** | |

PROPOSER

I …… (Being a financial member of ANFE nominate)

…… as a member of ANFE

Signature of proposer ……..

SECONDED BY

I …… (Being a financial member of ANFE)

Signature of proposer ……...

Membership was: ☐ **accepted** ☐ **not accepted**

At the meeting of the ANFE Management Committee held on

Date …….. Signature of Chairperson of Meeting …….