



# Società Dante Alighieri, Gold Coast Inc.

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

Email- [info@dantegoldcoast.com](mailto:info@dantegoldcoast.com)

## Italian Language Classes Gold Coast Enrolment Application Semester 1 2012

Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Phone - \_\_\_\_\_ Mobile - \_\_\_\_\_ Email - \_\_\_\_\_

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

CLASS	DAY	EVENING
Adult	Time 10am – 12 Noon	Time 7pm – 9pm
Introductory	Wednesday	Monday
Beginners 1	Thursday	Wednesday
Beginners 2		Tuesday
Intermediate 1	Friday	Tuesday
Advanced 1	Wednesday	Monday
Advanced 2	Friday	Thursday
Lingua, Cultura e Società`		Wednesday
Adv. Conversation*	Thursday	
Children		
Chn's Class 2-5yrs	Thursday 3.25- 3.55	
Chn's Class 5-10yrs	Thursday 4.00- 4.45	

\*Additional fee

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

Please tick

New Member  Renewal  Single \$20  Family \$25

PLEASE PRINT

Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Other Persons Names joining Family Membership \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone H \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Accepted by Committee Member \_\_\_\_\_