



Ithacan Philanthropic Society

'THE ULYSSES'

A.B.N. #84004 239 650

329 ELIZABETH STREET, MELBOURNE

P.O. Box 611, Melbourne, VIC 3001

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APPLICATION FOR MEMBERSHIP

I,
(NAME IN FULL)

of,
(ADDRESS) (POSTCODE)

hereby apply to be accepted as a member of the *Ithacan Philanthropic Society 'The Ulysses'* and solemnly promise — if accepted — to abide by the rules and the articles of the Society.

Date of Birth: / / Place of Birth:

Occupation: Married/Single (circle applicable)

Telephone Number: Fax Number:

Email:@.....

Father's Name: Place of Birth:
(NAME IN FULL)

Mother's Name: Place of Birth:
(NAME IN FULL)

If parents not born in Ithaca please record Ithacan connection

Dated this day of 200

Signature of Applicant:

Nominated by:

Address:

Seconded by:

Address:

Date of Application Date of Acceptance

..... Hon. Secretary OFFICE USE ONLY

We respect your right to privacy, accordingly we do not distribute your information or exchange it with anyone.
Your personal information will only be used for the stated purpose for which it is provided.
We do not wish to send information to those who do not want to receive it.