



# PHILIPPINE FIESTA OF VICTORIA INC.

ADMINISTRATOR, PHILIPPINE COMMUNITY CENTRE ABN 57 687 440 936  
POSTAL ADDRESS: PO BOX 533 LAVERTON VIC 3028

## APPLICATION FOR MEMBERSHIP OF THE PHILIPPINE FIESTA OF VICTORIA, INC

I, \_\_\_\_\_  
(Full Name of Applicant)

of \_\_\_\_\_  
(Address)

\_\_\_\_\_ desire to become a member of the Philippine Fiesta of Victoria, Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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I, \_\_\_\_\_, a member of the Association,  
nominate the applicant, who is personally known to me, for membership of the Association.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

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I, \_\_\_\_\_, a member of the Association, second  
the nomination the applicant, who is personally known to me, for membership of the Association.

\_\_\_\_\_  
Signature of Seconder

\_\_\_\_\_  
Date