



# Australian & New Zealand Institute Of Sommeliers

## ENROLMENT FORM

### AUSTRALIAN & NEW ZEALAND INSTITUTE OF SOMMELIERS MEMBERSHIP ADMISSION

*Sommelier or Member of Australian & New Zealand Institute of Sommeliers*

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth    /    /

Place of Birth \_\_\_\_\_

Drivers Licence /Passport Number \_\_\_\_\_

Current Job Description \_\_\_\_\_

Current Employer \_\_\_\_\_

**Only for hospitality operators or wine operators**     Hotel     Restaurant-Bar     Bottle shop     \_\_\_\_\_

Company address \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Work \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

ABN \_\_\_\_\_

#### ➤ Fee

The annual fee is AUD 150 per calendar year

#### ➤ Payment method

Cash

Cheque: *enclose* - written to: Australian & New Zealand Institute of Sommeliers

Direct deposit to BSB: **083-144** A/C: **12-474-2591** Please quote "your name & Member year"

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

#### ➤ Office Use Only

Payment Received

Delegation Area

**MELBOURNE**

Delegate Name

**MARCO SENIA**

Entered computer

