



ILLAWARRA ASSOCIATION of  
TEACHERS of ITALIAN INC.

PO Box 663  
Wollongong NSW 2520  
28 Stewart St  
Wollongong NSW 2500  
Phone/Fax: 02 4225 1144  
Email: [iati@speedlink.com.au](mailto:iati@speedlink.com.au)

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2014 Membership Form  
January – December

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL/INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*If you are teaching, can you please indicate the number of students studying Italian and their year group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Circle:

NEW MEMBER

RENEWAL

SUBSCRIPTION \$20

\* I would be particularly interested in the following types of activities:

\_\_\_\_\_  
\_\_\_\_\_

Please send all correspondence to:

I.A.T.I. Inc.  
P.O. Box 663  
Wollongong NSW 2520  
Email: [iati@speedlink.com.au](mailto:iati@speedlink.com.au)