



MEMBERSHIP APPLICATION FORM

The Australian War Widows NSW respects your privacy and will not divulge personal information to external people/organisations without your permission. Please use **BLOCK LETTERS**.

Office use only: Membership No. _____ **Date of application:** _____

Personal Info

Surname			
Given Names			
Pref. Name		Date of Birth	/ /
Address			
Suburb		Post Code	
Mobile		Home phone	
Email			

War Widow Information (if applicable)

<input type="checkbox"/> Dept. Veteran Affairs Gold Repatriation Health Card holder	File # (if known)	
<input type="checkbox"/> Registered with Legacy	File # (if known)	
<input type="checkbox"/> War Widow from Allied Country (UK, New Zealand, etc.) Please attach written evidence of your status	Country:	
	File # (if known)	
Late Husband/Partner's Full Name:		
Place of death:		Date of death:
I have remarried since my Husband/Partner died?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please (✓) the war/conflict(s) in which your late husband/partner served:

- | | |
|--|--|
| <input type="checkbox"/> 1914-18 War | <input type="checkbox"/> Gulf War |
| <input type="checkbox"/> 1939-45 War | <input type="checkbox"/> Iraq |
| <input type="checkbox"/> Korean War | <input type="checkbox"/> Afghanistan |
| <input type="checkbox"/> Malaysian Emergency | <input type="checkbox"/> Peacekeeping Forces |
| <input type="checkbox"/> Far Eastern Strategic Reserve | <input type="checkbox"/> Defence Service |
| <input type="checkbox"/> Indonesian Confrontation (Borneo) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vietnam War | <input type="checkbox"/> Not Known |

Please indicate area(s) of service, if known
(e.g. Middle East, New Guinea, POW, Vietnam etc.)

Next of Kin (Adult) - Please advise your next of kin that you have provided us with this information

Name			
Relationship to you			
Address			
Mobile		Email:	

Declaration

I, _____ *being a War/Defence Widow/affiliate member, hereby apply to become a member of the Australian War Widows NSW In the event of my admission as a member I agree to be bound by the rules of the organisation current at the time. I authorise the government to confer with the Department of Veterans' Affairs concerning my status as a war widow (Australian war/defence widows only).*

Signature

Date: / /

Membership options

Your *annual* membership subscription covers the period from 1 April to 31 March and includes 4 issues per year of the Guild Digest and monthly e-newsletters:

<input type="checkbox"/> 1 year war widow membership	<input type="checkbox"/> 1 year affiliate membership	Badge
\$30.00	\$30	\$5

Donations (tax deductible)

I would also like to make a tax-deductible donation to support the War Widows Guild NSW:

\$10 \$20 \$50 _____ (other amount). Please debit my credit card details as below.

TOTAL	\$
<input type="checkbox"/>	I enclose a Cheque/Money Order (Not cash) payable to: The Australian War Widows NSW Ltd OR
<input type="checkbox"/>	Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Expiry: _ _ / _ _
Name on card:	CVV: _ _ _
Cardholder Signature:	

Volunteering

We often need the support of our wonderful members to help support our cause via events etc.

Please sign me up to volunteer where I can for the Australian War Widows NSW!

Please help us understand more about you!

Who (if anyone) referred you to the War Widows Guild NSW? _____

What motivated you to become a member? _____

Would you like to receive any other information from us? E.g. More information regarding our bequest program or friendship line? _____

Do you have a disability or health issue/s you would like to make us aware of:

Please return your completed form to:

The Australian War Widows
Suite 1.01, Level 1, 9 Help Street
Chatswood NSW 2067