



MEMBERSHIP APPLICATION FORM

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

Personal Information

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

Your relationship to the Australian Defence Force (ADF)

Please place a tick or cross in all sections that apply (note a veteran is defined as anyone who has served in the ADF for at least one day)

<input type="checkbox"/>	Widow of a veteran	<input type="checkbox"/>	Current member of the ADF <input type="checkbox"/> current <input type="checkbox"/> former
<input type="checkbox"/>	Spouse/ partner of a veteran <input type="checkbox"/> current <input type="checkbox"/> former	<input type="checkbox"/>	Family of an allied Defence Force member
<input type="checkbox"/>	Parent of a veteran	<input type="checkbox"/>	Member of an allied Defence Force
<input type="checkbox"/>	Child/ grandchild of a veteran	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Sibling of a veteran		

Veteran Service Details

Name:

<input type="checkbox"/>	Australian Defence Force	<input type="checkbox"/>	Allied Armed Force (please specify):
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Army
<input type="checkbox"/>	RAAF	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Permanent Forces	<input type="checkbox"/>	Reserve Forces
Date/ year of enlistment:		DVA file number (if applicable):	
Date/ year of death (if applicable):			

Operational Deployments (if applicable):

<input type="checkbox"/>	1914-18 War	<input type="checkbox"/>	East Timor
<input type="checkbox"/>	1939-45 War	<input type="checkbox"/>	Iraq
<input type="checkbox"/>	Korean War	<input type="checkbox"/>	Afghanistan
<input type="checkbox"/>	Indonesian Confrontation (Borneo)	<input type="checkbox"/>	Peacekeeping Forces
<input type="checkbox"/>	Vietnam War	<input type="checkbox"/>	Defence Service
<input type="checkbox"/>	Gulf War	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Bougainville, Rwanda	<input type="checkbox"/>	Not Known

Additional Information

Please only complete the sections relevant to your circumstances

Other memberships/affiliations

- | | |
|---|---|
| <input type="checkbox"/> Registered with Legacy | <input type="checkbox"/> Registered with RSL |
| <input type="checkbox"/> Registered with the Commando Welfare Trust | <input type="checkbox"/> Registered with the Bravery Trust |
| <input type="checkbox"/> Registered with the SASR Trust | <input type="checkbox"/> Registered Navy Clearance Divers Trust |
| <input type="checkbox"/> Other (please specify) | |

Alternate Contact

Name:			
Relationship:			
Address:			
Mobile:		Email:	

Volunteering

We often need the support of our community to help us deliver events, programs and support to our members.

- I am interested in volunteering, please add me to your mailing list

Membership Subscription

Your *annual* subscriptions commence from 1 April each year.

<i>1 year subscription</i>	<i>3 year subscription</i>
<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$85.00

I would also like to make a tax-deductible donation of:

- \$ _____ to Australian War Widows, NSW Ltd.

Payment Details

- I wish to pay by direct deposit
 I wish to pay by credit card and have provided my details below

Direct Deposit details:

Australian War Widows NSW LTD
032-000
941 560

**please attach a copy of your receipt*

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:		

Privacy Statement

We will not use any of the information you have provided to us other than to record you as a member on our system and communicate with you as a member of Australian War Widows. We will always seek your express consent before sharing any of your personal information with third parties. This consent could be verbal or in writing.

Declaration

I declare that the information I have provided on this form is true and correct. I agree to uphold the Constitution and rules of the Australian War Widows, NSW Ltd.

Signature of
applicant

Date: / /

Please return your completed form to:

guild@warwidowsnsw.com.au; or
Post to: Australian War Widows, NSW
PO Box 146
Chatswood NSW 2057