



MEMBERSHIP APPLICATION 2022

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

PERSONAL INFORMATION

Full name : _____
(PLEASE USE CAPITAL LETTERS) _____

Preferred name : _____ Date of Birth : ____ / ____ / ____

Address : _____

Suburb : _____ Postcode : _____

Contact Number : _____ Email : _____
Mobile Home phone

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"/> Reserves Forces	DVA file number (if applicable): _____
Date/Year of enlistment (if applicable): _____	Date/Year of death (if applicable): _____



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VETERAN SERVICE DETAILS (CONTINUED)

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): _____	

Emergency/ Alternate Contact

Contact Name : _____ Email : _____

Relationship : _____ Number : _____

Subscriptions and Volunteering

I am interested in volunteering. Please contact me to discuss.	<input type="checkbox"/> Yes	Preferred method of communication.	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post
I'd like more information about the Health and Wellbeing Programs.	<input type="checkbox"/> Yes	How did you hear about us?	<input type="checkbox"/> Website	<input type="checkbox"/> Socials	
I'd like to join a Social club/group.	<input type="checkbox"/> Yes	<input type="checkbox"/> AWWNSW communications materials			
Please add me to the Friendship Line.	<input type="checkbox"/> Yes	<input type="checkbox"/> Other _____ (please specify)			



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MEMBERSHIP OPTIONS

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

3 Year Subscription \$85.00
valid until 31 March 2025

1 Year Subscription \$30.00
valid until 31 March 2023

Please add a tax-deductible donation to my membership subscription of (*insert amount*) : _____

PAYMENT OPTIONS

Cheque/ Money order enclosed Credit Card : _____
Credit Card number

Direct Deposit - please enclose receipts _____
Name on Credit Card

BSB: 032-000

Account: 941-560

Name: Australian War Widows NSW Ltd

_____ *Expiry*

_____ *CVV*

DECLARATION AND PRIVACY

I, _____ hereby apply to renew my membership of the Australian War Widows NSW Ltd and agree to continue to be bound by the rules of the organisation current at the time.

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.

Signature : _____ Date : _____ / _____ / _____

OFFICE USE ONLY

Date : _____ Membership Type : _____

Membership Number : _____ Payment Type : _____

Staff Name : _____ Staff Signature : _____

Please return completed form to:

PO Box 146, Chatswood NSW 2057

guild@warwidowsnsw.com.au

(02) 9267 6577

THANK YOU FOR YOUR MEMBERSHIP