



Application for Membership/Renewal



RENEWING MEMBERS NEED TO COMPLETE 1-6 ONLY!

1. FAMILY NAME..... GIVEN NAME.....NICKNAME.....
2. SERVICE NUMBER.....
3. EMAIL ADDRESS.....
4. RESIDENTIAL ADDRESS.....P/C.....
5. POSTAL ADDRESS (If different from above).....P/C.....
6. Phone no. (.....)..... Mobile No. Partner's Name

7. Date of Birth/...../..... Date of Enlistment/...../..... Date of Discharge/...../.....
 8. Did the Veteran serve under any other name Y/N if so- Family Name.....Given Name.....
 9. Honours/Awards (e.g. MM,JP) Please list.....
 - 10 Type of Membership Applying for - Ordinary, General, Associate, POSH. (Circle one please).
 11. Do you have a skill that Welfare could use? If so please advise
 12. If you fall ill, do you give permission for notification in the newsletter or noticeboard in the office? Y/N
 13. If you are hospitalised, do you give permission for our Hospital Visitation Officer to visit you? Y/N
 14. Do you give permission for your name and service details to be printed in the Newsletter? Y/N
 15. BRANCH OF SERVICE— NAVY — ARMY — AIRFORCE (Please circle)
- Ex-service personnel other than Australian must supply copy of Discharge Certificate and Drivers License.
Currently serving ADF personnel must supply evidence of service.

1st Tour	2nd Tour	3rd Tour
From...../...../.....To/...../.....	From...../...../.....To/...../.....	From/...../..... To/...../.....

Unit:

New applicants for membership must have a nominator and seconder.

Nominated by:Signature of Nominator:

Annual Subscription Payment can be made direct to: Westpac Bank BSB No. 034-198 Account No. 237008. Please enter your name, and what the payment is for, in the reference space.

Ordinary \$25.00 (Australian and Allied Vietnam Veteran) General \$20 (Ex and Current ADF and Allied)

Associate \$15.00 (Non military personnel)

POSH Associate \$7

**LIFE SUBSCRIBER
OPTION \$65**

Donation \$.....\$5 \$10 \$20 Or \$.....(Please circle). Thank you!

Please make Cheque/Money Order payable to: VVAA Sunshine Coast Sub-Branch Inc.

Post to: VVAA Sunshine Coast, PO Box 533, COTTON TREE, QLD. 4558

I, the undersigned, hereby apply to be admitted to membership of the VVAA Sunshine Coast Sub-Branch Inc. and, if accepted, I agree to be bound by the terms and conditions of its Constitution, By-laws which are now in force and which hereafter be in force.

Signature of Applicant..... Date...../...../.....

Received by (Please Print) Receipt No.....Date/...../.....

Mission: To assist all veterans and their dependants, in all matters relating to their health, welfare and wellbeing.