



# 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 then Veteran serve under any other name Y/N if so- Family Name.....Given Name.....
9. Honours/Awards (eg. MM,JP) Please list.....
10. Type of Membership Applying for - Ordinary, Associate, POSH Associate (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 require hospitalisation, 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)

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

Ex-service personnel other than Australian must supply copy of Discharge Certificate and Drivers License.

### Annual Subscription

Ordinary \$25.00

Associate \$20.00

POSH \$7.00

Donation \$..... Thankyou

Please make Cheques/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 and if elected I agree to be bound by the terms and conditions of the rules, By-laws and standing orders of the Sub-Branch which are now in force and which hereafter be in force.

# Signature..... # Date...../...../.....



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

