



Membership Application

Air Force Association (Western Australian Division) Incorporated, trading as RAAFA, is committed and will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the Privacy Act 1988 (Cth), the Australian Privacy Principles and the Associations Incorporation Act 2015. The information supplied on this form will assist RAAFA to determine your eligibility for membership and will be maintained in our Register of Members which, upon request, may be accessed by members of RAAFA.

Applicant Details

Have you previously been a member? Yes No

Title	First Name	Middle Name	Surname	
Post-Nominals	Preferred Name	Home Phone	Mobile	
Business Phone	Email			
Address				
Suburb/City		State	Postcode	Country
Date of Birth	Current/Previous Occupation			
Defence Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Other		Rank	Service No.	
Enlistment Date	Discharge Date	Still Serving <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Service	
Area of Operation/Units				
Honours/Awards/Decorations/Campaign				

Communication Preferences

Please indicate how you would like to receive communication from RAAFA such as the latest news, developments, future promotions/events and association updates. Please note, your information will not be used or disclosed for the purpose of any third party commercial direct marketing.

<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Post
<input type="checkbox"/> I do not wish to be updated on association news, developments or future promotions/events		
<input type="checkbox"/> I do not wish to receive the RAAFA member newsletter, Air Mail (post only)		

Volunteer

Are you a volunteer with RAAFA? <input type="checkbox"/> Yes - please specify role & location: _____	
<input type="checkbox"/> No - If you are interested in becoming a volunteer, tick the location(s) below:	
Aviation Heritage Museum	<input type="checkbox"/>
Residential Care, North	<input type="checkbox"/> Karri & Tuart Lodge <input type="checkbox"/> Vivian Bullwinkel Lodge
Residential Care, South	<input type="checkbox"/> Alice Ross-King Centre <input type="checkbox"/> Gordon Lodge <input type="checkbox"/> McNamara Lodge
Retirement Living, North	<input type="checkbox"/> Cambrai Village <input type="checkbox"/> Merriwa
Retirement Living, South	<input type="checkbox"/> AFME, Bull Creek <input type="checkbox"/> Amity Village Albany <input type="checkbox"/> Erskine Grove <input type="checkbox"/> Meadow Springs

Branches For further details contact the State Secretary on 9288 8400

Do you wish to join a branch? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which branch (please tick)?	
	<input type="checkbox"/> Airfield Construction Squadron <input type="checkbox"/> Australian Air Force Cadets <input type="checkbox"/> Aviation Museum <input type="checkbox"/> Cambrai Village <input type="checkbox"/> Erskine Grove	<input type="checkbox"/> Meadow Springs Estate <input type="checkbox"/> Memorial Estate Residents <input type="checkbox"/> RAAF Vietnam Veterans <input type="checkbox"/> Women's Air Forces

Emergency Contact Details

Title	First Name	Surname	Relationship
Are they a member of RAAFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, their Membership Number (optional)	
Home Phone	Mobile	Business Phone	Email
Address			
Suburb/City	State	Postcode	Country

Declaration

I declare that: (i) my application details are true and correct;
 (ii) I agree to uphold RAAFA's Rules and By-Laws

Signature of Applicant or Parent/Guardian (if under 18)	Date
Parent/Guardian Full Name	Parent/Guardian Relationship to Applicant

Proposer/Secunder

We being Association Members, hereby propose/second the above person for membership:

Proposer Signature	Secunder Signature
Proposer Full Name	Secunder Full Name
Membership Number	Membership Number

Membership Option and Payment

Membership Option & Fee	<input type="checkbox"/> Ordinary Member (\$66) per annum	<input type="checkbox"/> Junior Member (\$11) per annum Available to people 8 to 17 years of age
Association Badge (optional)	<input type="checkbox"/> Small (\$7) <input type="checkbox"/> Large (\$8) <input type="checkbox"/> No	
Total	\$	Receipt Number

Return completed form to your nearest RAAFA Estate

A: Central Support Office, 18 Bowman Street, South Perth WA 6151

T: (08) 9288 8400 E: membership@raafawa.org.au W: raafawa.org.au



RAAFA WA