

Membership Application

RAAFA WA Division is committed to protecting the privacy of all personal and sensitive information collected from an individual aligned with the Commonwealth Privacy Act (1988) and the Australian Privacy Principles (APPs). The APPs Guidelines, which is endorsed by the Office of the Australian Information Commissioner, provides the foundation of RAAFA's Privacy Policy.

Applicant Details

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	Have you previously been a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Communication Preferences

<input type="checkbox"/> Email	<input type="checkbox"/> SMS	<input type="checkbox"/> Post	<input type="checkbox"/> No Promotional Communication
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Service History

Defence Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Other <input type="checkbox"/>	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			

Volunteer

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

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

Applicant Signature	Date
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Proposer/Seconder

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

Proposer Signature	Seconder Signature
Proposer Full Name	Seconder Full Name
Membership Number	Membership Number

Payment

The following fees are required to be lodged with this application (pro-rata rates may apply):	
Membership Fee	\$ 66
Association Badge (optional)	<input type="checkbox"/> Small (\$7) <input type="checkbox"/> Large (\$8) <input type="checkbox"/> No
Total	\$ _____

Return completed form to RAAFA

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