



WRAAC ASSOCIATION (VICTORIA) INC.

Certificate of Incorporation No.: A0051572X

PRESIDENT: Margaret Brown

10 LEDBURY CRESCENT

SECRETARY: Carol King

BUNDOORA. VIC. 3083

Telephone: 0419 371 474

Website: www.wraacvic.com

APPLICATION FOR MEMBERSHIP

I.....
 (Mrs, Miss, Ms, Rank,) (Surname) (Given Names)
 Maiden Name (If Applicable) Date of Birth.....
 Address.....
Postcode.....
 Telephone (Home)..... (Mobile).....
 (Work).....
 Email Address.....

Apply to become a Member of the Women's Royal Australian Army Corps Association (Victoria) Incorporated

In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

Cost of Membership: Annual Membership (\$8.00 per year) Life Membership (\$80.00)
(Circle Type of Membership required)

Payment Enclosed: Cheque Cash Other.

If paying by EFT; Bank Details are Westpac. BSB No: 033135, Account No: 305304

(Please Circle) - Branch of Service. ARA CMF ARES AWAS OTHER

Regt No. WRAAC or Unit/s Served/Serving with Approx. Dates

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Nominated By

Name: Membership No.:

PLEASE RETURN FORM TO

Mrs Liz Maclaine,
 16 Richard Street,
 Williamstown, Vic. 3016
 Telephone: 03 9397 1043
 Email Address: lizardmac@hotmail.com

CONSENT FORM.

I consent to the following details relating to myself and my service history being published in the Association Newsletter/Journal and Association website www.wraacvic.com
I understand that this information is for the purpose of advising other members of my joining the Association and with a view to renewing old friendships.

DETAILS TO BE PUBLISHED.

Service Number.....

Given Names.....

Surname.....

Maiden Name (If Applicable)

Units Served with Approximate Years Served (Dates)

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.....
.....

Signed..... Date.....

ONLY THOSE DETAILS FILLED IN BY THE APPLICANT WILL BE PUBLISHED.

DO NOT COMPLETE THE ABOVE FORM if you do not wish to have your details published.

Your decision to publish or not will be respected without question.

FOR COMMITTEE USE ONLY: Application Accepted. Yes / No. (Please Circle)

Meeting Date..... Receipt No..... Dated.....

Annual Membership Card No..... Date.....

Life Membership Card Issued No.Date.....