



RAAF ASSOCIATION QUEENSLAND DIVISION APPLICATION FOR MEMBERSHIP

Branch:

Postal Address:

Post Code:

Telephone:

Mobile:

E-mail:

Type of Membership: Select the TYPE from the dropdown box; Complete the Personal Details in either Option 1 or 2.

Personal Details: Please include Title such as Mr, Mrs, Ms, Miss, Dr, Chaplain etc as applicable.

Name of Applicant:

Previous Name/s If
Applicable:

Postal Address:

Telephone:

Mobile:

E-mail:

DOB: dd/mm/yyyy

Occupation:

NOK Name:

NOK
Address

NOK Relationship:

NOK Contact Number

Option: 1. Ex Serving or Serving Member

Details: Country of Service:

Branch of Service

Service Number /
PMKeys:

Date Appointed or Enlisted

Service Category or Mustering

Rank:

Countries where
Served:

Date of Discharge

Honours, Awards
and Medals:

Proof of Service or
Statement of
Service:

I declare that the above information is true and correct and I hereby agree, if admitted, to abide by the Constitution and By-Laws of the Queensland Division of the RAAF Association.

I enclose the following amount being my initial subscription:

Amount \$

Signature of
Applicant:

Date:

Option 2. Relative of Ex Serving Member or Serving Member:

Name of Applicant:

Please include Title such as Mr, Mrs, Ms, Miss as applicable

Relationship to Ex Serving
or Serving Member:

Service/Number
PMKeys:

Name of Serving or
Ex-Serving Member

I declare that the information provided is true and correct and I hereby agree, if admitted, to abide by Constitution and By Laws of the Queensland Division of the RAAF Association.

Section 3. Proposer and Seconder.

Proposed By Title
and Full Name:

Seconderd By Title
and Full Name:

Signature:

Signature:

(The Proposing member is to inform the applicant as to what proof of service documentation will be required). We declare that the Bona Fides of the applicant have been checked and found to be in order. We are financial members of the RAAF Association at the time of signing this Nomination.

Branch:

Date:

Disclaimer:

Personal details and other information contained in this application are for Queensland Division, RAAF Association use only, and cannot be used for commercial or any other purpose.

OFFICE USE ONLY: Branch Action:

Date Application
Received:

Date Entered in Database:

Date Application & Fees
Forwarded to State
Secretary:

Date Completed:

Queensland Division Action:

Date Received:

Date Entered in Database:

Date Presented to
State Council:

Date Completed: