Western Australian University Regiment Association Inc.

MEMBERSHIP APPLICATION

LAST NAME				
FIRST NAME				
NICK NAME				
POSTAL ADDRESS				
POST NOMINALS			BIRTH DATE	
CONTACTS	MOBILE		OTHER	
	EMAIL		1	
SERVICE DETAILS	REG NUMBER		RANK	
	YEAR IN (WAUR)		YEAR OUT (WAUR)	
MOST MEMORABLE W	AUR OCCASION: (Use separate sheet if re	quired)	
FAVOURITE SAYING	FROM THE ERA:			
SERVICE HISTORY: (Jse separate sheet if	required)		
BRIEF PERSONAL PRO	DFILE: (Family/Job/	Hobbies/Achievements	etc) Publication C	OK? YES NO (ring one)
Membership Agreement				
I HEREBY APPLY to ("the Association"), and				ity Regiment Association Inc.
Signature of A	Applicant:		Date:	·
Dia		atad application to	couthour aveca@:	aloud som

Please email completed application to: southern.cross@icloud.com
You will be added to the Association's email list for inclusion in mail outs, Newsletters etc.