



VETERANS OF AUSTRALIA ASSOCIATION INC



MEMBERSHIP FEE \$30.00 per year

MEMBERSHIP APPLICATION / RENEWAL

PERSONAL INFORMATION

Name:

Date of birth:

Mobile:

Home:

Residential address:

City:

State:

Post Code:

Postal Address (only if different from above);

Email:

SERVICE INFORMATION

Service Number/PmKeys:

Service Type:

Enlistment Date:

Discharge Date:

War Service/Operations and dates:

Emergency Contact

Name:

Phone:

Address:

State:

Post Code:

City:

RELATIONSHIP:

SIGNATURE

I apply for either Ordinary, Service or Associate Membership to the Veterans of Australia Association (VOA). I agree to abide by its Constitution, rules and regulations. By signing the document, I authorise the VOA to verify my stated Service or that of my partner or parent / child. I understand my details, as supplied on this form; will be kept on record by the VOA.

Signature of applicant:

Date:

OFFICE USE ONLY

Proof of service sighted:

Membership Fee Paid:

Receipt Number:

Method of payment (Cash, cheque, etc.):

Signature:

Date:

Bank Details

Bank: Bendigo Bank

Acct: Veterans of Australia Association Inc

BSB: 633 000

Account: 218 102 648

Please add your name as a reference

T (07) 4128 3759
F (07) 4128 3865



PO BOX 3243, Pialba, 4655, QLD