RATS OF TOBRUK WA REMEMBRANCE ASSOC. INC

Post Office Box 288, Parkwood WA 6147 rotwara.secretary@gmail.com
www.ratsoftobrukwa.org

Membership Application

Surname ..... First Name .....
Surname ..... First Name .....
For additional people on this membership, please fill out names below

Address .....
Suburb ..... State ..... Postcode .....
Phone Numbers .....
Email Address .....

Classification of Membership:

☐	Single Membership	$ 20
☐	Joint Membership	$ 30
☐	Junior Membership for anyone under the age of 18	free

Additional members:

Surname ..... First Name .....
Surname ..... First Name .....

I/we understand that my participation in the activities of the Rats of Tobruk WA Remembrance Association (Inc.) is at my own risk.

I/we will not hold the Rats of Tobruk WA Remembrance Association, its officers, members, or guests, responsible for damage that may occur to my person or property as a result of the activities of the Rats of Tobruk WA Remembrance Association (Inc.).

Signature: ..... Date: .....

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Soldier Service Details *if known and applicable*

Service No: .....
Unit Soldier Served with: .....
Soldier's Full Name: .....
Relationship to applicant: .....

Are you interested in volunteering with us?
We are all volunteers and would appreciate your support where you are able to give some.

☐ General helper at events
☐ Committee and/or Sub Committee Members
☐ Area of your expertise that will assist this Association .....

Thank you - we'll be in touch. .....

I would like to donate to Rats of Tobruk WA Remembrance Association (Inc.) $ .....
In Honour or Memory of : .....

Please note: donations are NOT tax Deductable

Fees are payable in cash at a meeting or via EFT:

Account Name: Rats of Tobruk WA Remembrance Association (Inc.)
BSB: 806015 Account Number: 02118073
Please add your name and MEM in the reference field

Please forward this form to Rats of Tobruk WA Remembrance Association (Inc.)
In person at a meeting, via email or post: (address on page one)

Association use only:

Invoice # ..... Receipt # .....

Membership: $ .....
Donation: $ .....

Cash		EFT		Date received	
Cash		EFT			

Accepted by: .....

Membership list		Email list	

This is page two of two – please complete both pages.