



RATS OF TOBRUK WA REMEMBRANCE ASSOC. INC.

C/- Post Office Box 72, Parkwood WA 6147
rotwara.secretary@gmail.com www.ratsoftobrukwa.org

Membership Application

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

(For additional people on this membership please fill out names below)

Address: Post Code.....

Postal Address: Post Code.....

Phone Nos:

E-mail address:

Classification of Membership applying for: (Please tick appropriate box)

- ☐ **Single Membership (& any child under age of 18) \$20**
- ☐ **Joint Membership (& any child under age of 18) \$30**
- ☐ **Junior Membership for anyone under age of 18 Free**

Surname: First Name.....

Surname: First Name.....

Surname: First Name.....

Surname: First Name.....

I/we understand that my participation in the activities of the Rats of Tobruk WA Remembrance Association 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.

Signature: Date:

(Full Name)

(This is page one of two – please complete both pages)



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Soldier Service Details (if known and applicable)

Service No:

Unit Soldier Served with:

Soldier's Full Name:

Relationship to applicant:

Please tick a box if you are interested in volunteering with us. We are all volunteers and would appreciate your support where you are able to give some. Thank You, we'll be in touch.

☐

General Helper at Events

☐

Committee and/or Sub Committee Members

☐

Area of your expertise that will assist this association – please specify

☐

*I would like to donate to **Rats of Tobruk WA Remembrance Assoc. Inc.** of \$.....*

In Honour or/Memory of

(Please note that any donations are NOT tax deductible)

Please forward this form to Rats of Tobruk WA Remembrance Association:

Via Email: ratsoftobrukremembrance@gmail.com

Or post to

C/- Post Office Box 72, Parkwood WA 6147

Association use only:

Accepted by:Date:Invoice number:

Fees received: Date:

Membership Amount: \$..... Payment Type: Cash ☐ Cheque ☐ EFT ☐

Donation Amount: \$..... Payment Type: Cash ☐ Cheque ☐ EFT ☐

Membership List: ☐ Email List: ☐