

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..... Post Code.....

Phone Numbers:

E-mail address:

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

- | | | |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Single Membership | \$20 |
| <input type="checkbox"/> | Joint Membership | \$30 |
| <input type="checkbox"/> | Junior Membership for anyone under the age of 18 | Free |

Surname: First Name.....

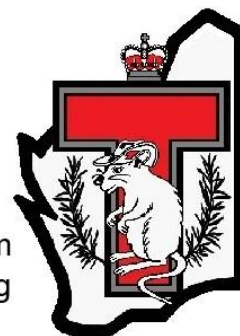
Surname: First Name.....

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:

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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.

<input type="checkbox"/>	General Helper at Events	
<input type="checkbox"/>	Committee and/or Sub Committee Members	
<input type="checkbox"/>	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 **Post Office Box 288, 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: ☐