



APPLICATION FOR MEMBERSHIP

**WOMEN'S ROYAL AUSTRALIAN AIR FORCE
ASSOCIATION QUEENSLAND INCORPORATED
ORDINARY MEMBER APPLICATION FORM**

Joining Fee: \$10.00

Membership Fee: \$20pa payable before 31st December

NAME: **NEE:**

CHRISTIAN NAME (S).....

ADDRESS:

Contact Number: Home: _____ **Mobile:** _____

Email Address: _____ **DOB:** _____

Not mandatory

Service Number: **Recruit Course No:** **Enlistment Date:**

*****Open to women who served in the Women’s Royal Australian Air Force; the Royal Australian Air Force; is a current Member of the Royal Australian Air Force or has been a Female Veteran of any Allied Air Force. You must state your Service Number, provide a certified copy of your *discharge certificate or other Proof of Service document.***

Mustering: _____ **Discharged:** _____

Bases Served: _____

In Case of Emergency: _____ **Relationship:** _____

Address: _____

_____ **Phone No:** _____

Signature of Applicant: _____ **Date:** _____

PROPOSER.....

SECONDER.....



Poppy Service: Yes / No

ALL CORRESPONDENCE TO:
THE SECRETARY
WRAAF ASSN QLD
30 SCRUBBY CREEK ROAD
BROWNS PLAINS QLD 4118

In accordance with **ASSOCIATIONS INCORPORATION ACT 1981**, Women's Royal Australian Air Force Association Queensland Incorporated has Public Liability Insurance with a Limit of General Liability to the value of \$10,000,000.00

Bank Account Details

Account Name: Women's Royal Australian Air Force Association Queensland

Institution: Bendigo Bank

BSB: 633000

Account Number: 203331269

Cheques made payable to: WRAAF Assn Qld and forwarded to:

The Secretary

WRAAF Assn Qld

30 Scrubby Creek Road

BROWNS PLAINS QLD 4118

WRAAF ASSN QLD INC.

PRIVACY POLICY

Members are advised that under The Privacy Act 1988, personal information held by the WRAAF Assn Qld Inc. is not disclosed to anyone other than the other members of the WRAAF Assn.

Phone Number for publication:

Email Address for publication:

Birthday date for publication:

I give permission for the above details to be included in the WRAAF Assn Qld Inc. 'Contact & Birthday Book' which will distributed each year to Association members.

Name:.....

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

Office Use Only:

Joining Fee Receipt No:....

Paid:

M'ship Fee R/No & Paid:

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