



WRAAF BRANCH
of RAAF Association Qld Division



APPLICATION FOR MEMBERSHIP

NAME: _____ **NEE:** _____

ADDRESS: _____

_____ **Postcode:** _____

Phone Numbers: Home: _____ **Work:** _____ **Mobile:** _____

Email Address: _____

Do you wish to receive Branch meeting minutes & newsletters etc by email? Yes / No (cross out)

Service Number: _____ **Course No.** _____

(You must state your Service Number)

It is necessary to sight your discharge certificate, so please enclose a copy or the original which will be returned to you)

Mustering/Category: _____ **Years Served:** _____

Postings: _____

Hobbies / Interests: _____

Next of Kin: _____ **Relationship:** _____

Address: _____

Phone No: _____

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

Are you a member of another RAAF A Branch ? YES / NO

(If Yes, then Associate Member of WRAAF Branch)

Name of Other RAAF A Branch: _____

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Type of Membership: **FULL** - Fee \$32.00 per year Paid: _____

\$21.00 half year Paid: _____

ASSOCIATE / SOCIAL - Fee \$12.00 per year Paid: _____

\$ 6.00 half year Paid: _____

RAAF A Badge No: _____ Sent: _____

Welcome Letter sent: _____