



## Women Veterans Network Australia

### Individual Membership Application Form – 2019

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Service: Please Circle Army Navy Airforce International

Other Please Specify \_\_\_\_\_

Enlistment Date 1 \_\_\_\_\_ Discharge Date \_\_\_\_\_

Enlistment Date 2 \_\_\_\_\_ Discharge Date \_\_\_\_\_

Serving members please provide current posted Unit \_\_\_\_\_

By making this application for membership I acknowledge and agree that:

1. I am a current or ex-serving member of the Australian Defence Force.
2. Membership is for the period 01 January 2019 – 31 December 2019.
3. I will support the objectives of the WVNA

☐ I am interested in sponsorship opportunities with WVNA

☐ I consent to receiving marketing material from WVNA relating to its activities and functions

**PAYMENT DETAILS** Amount: \$10.00 (GST not applicable)

☐ **Direct Debit Account Name WVNA BSB 833-205 Account Number 20399865**

**(Please put Surname and region as reference)**

☐ **Cash / Cheque** Cheques can be made out to the WVNA & posted to the

Secretary WVNA PO BOX 2400, Idalia QLD 4811

I acknowledge that the information I have provided is true and correct. I understand that if at any time the information above is found to be false or misleading that my membership may be terminated by the WVNA and any membership payments will be forfeited.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms can be scanned & emailed to [secretary@wvna.org.au](mailto:secretary@wvna.org.au)