



RAAF ASSOCIATION QUEENSLAND DIVISION APPLICATION FOR MEMBERSHIP

Branch:

Postal Address:

Post Code:

Telephone:

Mobile:

E-mail:

Type of
Membership:

Click on the dropdown box and select a TYPE; and complete Personal Details in one of the Option 1 or Option 2 as applicable.

Personal Details:

Please include Title such as Mr, Mrs, Ms, Miss, Dr, Chaplain etc as applicable.

Name of Applicant:

Previous Name/
Names:
If Applicable:

Postal Address:

Telephone:

Mobile:

E-mail:

Date of Birth:
dd/mm/yyyy

Occupation:

Option: 1. Ex Serving or Serving Member Details:

Country of Service:

(Australia/New Zealand/United Kingdom/USA or other Commonwealth/Allied Country)

Branch of Service:

(Air Force/ Navy/Army/AAFC)

Service Number /
PMKeys:

Rank:

Date Appointment or
Enlistment:

Date of Discharge:

Service Category or
Mustering:

Countries where
Served:

Honours, Awards
and Medals:

Proof of Service or
Statement of
Service:

I declare that the above information is true and correct and I hereby agree, if admitted, to abide by the Constitution and By-Laws of the Queensland Division of the RAAF Association.

I enclose the following amount being my initial subscription: Amount \$

Signature of
Applicant:

Date:

Option 2. Relative of Ex Serving Member or Serving Member:

Name of Applicant:

Please include Title such as Mr, Mrs, Ms, Miss as applicable

Relationship to Ex
Serving or Serving
Member:

Wife, Husband, Widow, Widower, Partner, Daughter, Son, Sibling

Name of Serving or
Ex Serving Member:

Service/Number
PMKeys:

I declare that the information provided is true and correct and I hereby agree, if admitted, to abide by Constitution and By Laws of the Queensland Division of the RAAF Association.

Section 3. Proposer and Seconder.

Proposed By Title
and Full Name:

Seconded By Title
and Full Name:

Signature:

Signature:

(The Proposing member is to inform the applicant as to what proof of service documentation will be required). We declare that the Bona Fides of the applicant have been checked and found to be in order. We are financial members of the RAAF Association at the time of signing this Nomination.

Branch:

Date:

Disclaimer:

Personal details and other information contained in this application are for Queensland Division, RAAF Association use only, and cannot be used for commercial or any other purpose.

OFFICE USE ONLY: Branch Action:

Date Application
Received:

Date Actioned:

Date Application & Fees
Forwarded to State
Secretary:

Date Completed:

Queensland Division Action:

Date Received:

Date Approved by State
Council:

Date Branch Advised of
State Council Decision:

Date Completed: