



ROYAL AUSTRALIAN REGIMENT ASSOCIATION - WA BRANCH (Inc)
APPLICATION FOR FULL or ASSOCIATE MEMBERSHIP / RENEWAL

I (Given Names) (Surname)

Residential Address:

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..... **Post Code:**

Postal Address (if different):

.....

Contact Phone Number:

Email Address:

Date of Birth: On first name terms, I prefer to be called:

Wish to apply for membership of the WA Branch of the Royal Australian Regiment Association. I agree to abide by the Association constitution and any rules and By-Laws of the Branch.

Details of my service with the Royal Australian Regiment are:

Service / PMKeyS Number: **Rank:**

Proof of Service: i.e. Personal introduction, Copy of Statement of Service, Enlistment / Discharge Certificate

Battalions served:

Unit	Date	Rank	Area of Service

Honours and Awards:

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REMITTANCE: Financial year commences 1st July each year. Full membership includes a copy of Duty First and Branch Newsletters. Annual Subscription: Full Member - **\$35.00** - Associate member **\$20.00**. Made Payable to: **The Royal Australian Regiment Association - WA Branch (Inc)** by Cheque, Money Order, Cash or EFT
BSB: 066110 ACC #: 10158277

MAIL APPLICATION TO: The Secretary, RAR Association WA Branch (Inc), PO Box 3152, YOKINE, WA 6060 or email to: bigjack@iinet.net.au

Signature: **Date:**

OFFICIAL USE:

Date Received: **Checked By:**

Details entered into data base: **Receipt Number:**