



# MEMBERSHIP APPLICATION

Office use only: Membership No. \_\_\_\_\_ Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PERSONAL INFORMATION

Full name : \_\_\_\_\_  
(PLEASE USE CAPITAL LETTERS) \_\_\_\_\_  
Preferred name : \_\_\_\_\_ Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address : \_\_\_\_\_  
Suburb : \_\_\_\_\_ Postcode : \_\_\_\_\_  
Contact Number : \_\_\_\_\_ Email : \_\_\_\_\_  
Mobile Home phone

## YOUR RELATIONSHIP TO THE AUSTRALIAN DEFENCE FORCE (ADF)

Please place a tick or cross in all sections that apply (note a veteran is defined as anyone who has served in the ADF for at least one day)

<input type="checkbox"/> Widow of a veteran	<input type="checkbox"/> Member of the ADF <input type="checkbox"/> current <input type="checkbox"/> former
<input type="checkbox"/> Spouse/Partner of a veteran <input type="checkbox"/> current <input type="checkbox"/> former	<input type="checkbox"/> Family of an allied Defence Force member
<input type="checkbox"/> Parent of a veteran	<input type="checkbox"/> Member of an allied Defence Force
<input type="checkbox"/> Child/Grandchild of a veteran	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Sibling of a veteran	_____

## VETERAN SERVICE DETAILS

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

<input type="checkbox"/> Australian Defence Force	<input type="checkbox"/> Allied Armed Force (please specify): _____
<input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> RAAF	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Permanent Forces <input type="checkbox"/> Reserves Forces	DVA file number (if applicable): _____
Date/Year of enlistment (if applicable): _____	Date/Year of death (if applicable): _____



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## VETERAN SERVICE DETAILS (CONTINUED)

### Operational Deployments (if applicable)

<input type="checkbox"/> 1914-18 War	<input type="checkbox"/> East Timor
<input type="checkbox"/> 1939-45 War	<input type="checkbox"/> Iraq
<input type="checkbox"/> Korean War	<input type="checkbox"/> Afghanistan
<input type="checkbox"/> Indonesian Confrontation (Borneo)	<input type="checkbox"/> Peacekeeping Forces
<input type="checkbox"/> Vietnam War	<input type="checkbox"/> Defence Service
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bougainville, Rwanda	<input type="checkbox"/> Not Known

## ADDITIONAL INFORMATION

Please only complete the sections relevant to your circumstances.

### Other Memberships/ Affiliations

<input type="checkbox"/> Registered with Legacy	<input type="checkbox"/> Registered with RSL
<input type="checkbox"/> Registered with the Commando Welfare Trust	<input type="checkbox"/> Registered with the Bravery Trust
<input type="checkbox"/> Registered with the SASR Trust	<input type="checkbox"/> Registered Navy Clearance Divers Trust
<input type="checkbox"/> Other (please specify): _____	

### Emergency/ Alternate Contact

Contact Name	:	_____	Email	:	_____
Relationship	:	_____	Number	:	_____

### Subscriptions and Volunteering

I am interested in volunteering.  
Please contact me to discuss. ☐ Yes

I'd like more information about the  
Health and Wellbeing Programs. ☐ Yes

I'd like more information about the  
War Widows Programs. ☐ Yes

I'd like more information about the  
Awareness & Advocacy Programs. ☐ Yes

Preferred method of communication.

☐ Email ☐ Phone ☐ Post

How did you hear about us? ☐ Website ☐ Socials

☐ Families of Veterans Guild communications materials

☐ Other \_\_\_\_\_  
(please specify) \_\_\_\_\_  
\_\_\_\_\_



FAMILIES  
OF VETERANS GUILD  
CONNECT - SUPPORT - EMPOWER

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## MEMBERSHIP OPTIONS

3 Year Membership ☐ \$85.00

1 Year Membership ☐ \$30.00

Membership year is from 1 April - 31 March the following year.

### Member Code of Conduct

- Members will support the organisation and uphold its values and vision.
- Members value each other and are courteous, maintaining each other's privacy, differences and views.
- Members treat each other, Directors, staff and volunteers with respect.
- Members behave in a manner which enhances and upholds the reputation of the organisation.
- Members will not discriminate against others.

Initial: \_\_\_\_\_

## DECLARATION AND PRIVACY

I, \_\_\_\_\_ hereby apply to be a member of Australian War Widows NSW Ltd (trading as Families of Veterans Guild) and agree to continue to be bound by the rules of the organisation current at the time.

We will not use any of the information you have provided to us other than to record you as a member on our system and communicate with you as a member of Australian War Widows. We will always seek your express consent before sharing any of your personal information with third parties. This consent could be verbal or in writing.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PAYMENT OPTIONS

Please add a tax-deductible donation to my membership subscription of (insert amount)

\_\_\_\_\_

☐ Cheque/ Money order enclosed

☐ Credit Card

\_\_\_\_\_

Credit Card number

\_\_\_\_\_

Name on Credit Card

\_\_\_\_\_

Expiry

\_\_\_\_\_

CVV

☐ Direct Deposit - please enclose receipts

BSB: 032-000

Account: 941-560

Name: Australian War Widows NSW Ltd

Please return completed form to:

PO Box 146, Chatswood NSW 2057

[guild@fov.org.au](mailto:guild@fov.org.au)

(02) 9267 6577

THANK YOU FOR YOUR MEMBERSHIP