



MEMBERSHIP RENEWAL 2024

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL LETTERS)

Date Of Birth : ____ / ____ / ____ Member Number : _____

Address : _____

Phone Number : _____ E-Mail : _____

Have you served in the ADF? : ☐ No ☐ Navy ☐ Army ☐ Air Force

Occupation : _____ Retired ? : ☐ Yes ☐ No

If your circumstances have changed and you would like to let us know, please do so below :

EMERGENCY / ALTERNATE CONTACT DETAILS

Contact Name : _____ Email : _____

Relationship : _____ Mobile Number : _____

SUBSCRIPTIONS AND VOLUNTEERING

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

I'd like more information about...
(please outline below)

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

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

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

☐ I'd like to some help with matters
relating to DVA, please contact me to
discuss.



MEMBERSHIP RENEWAL 2024

MEMBERSHIP OPTIONS

- ☐ \$85.00
3 Year Subscription valid until 31 March 2027
- ☐ \$30.00
1 Year Subscription valid until 31 March 2025

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 renew my membership of the Australian War Widows NSW Ltd (trading as Families of Veterans Guild) and agree to continue to be bound by the rules of the organisation and renew my commitment to the member Code of Conduct

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

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

(02) 9267 6577

THANK YOU FOR YOUR MEMBERSHIP