



MEMBERSHIP APPLICATION

PERSONAL INFORMATION

First name : _____ Surname : _____

Preferred name : _____ DOB : _____ / _____ / _____

Address : _____

Phone number : _____ Email : _____

Preferred method of communication : Email Phone call Post

Gender:

Female Male Non-binary Prefer not to say

Prefer to self-describe : _____

Cultural background:

I identify as being from a culturally or linguistically diverse background

I do not Prefer not to say

Aboriginal or Torres Strait Islander background:

Aboriginal Torres Strait Islander Both Neither Prefer not to say

Language spoken at home:

English Prefer not to say Other (please specify) : _____

Do you have any accessibility, health, or support needs we should be aware of to help you participate fully? (e.g., mobility, hearing, vision, etc.)

Yes No Prefer not to say

If yes, please specify : _____

EMERGENCY CONTACT / NEXT OF KIN

Contact name : _____ Relationship : _____

Phone number : _____ Email : _____



MEMBERSHIP APPLICATION

YOUR RELATIONSHIP TO A SERVICE MEMBER OR VETERAN

A service member/veteran is anyone who is currently serving or has previously served in the Australian Defence Force (ADF) or an allied Defence Force for at least one day. **Please tick all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Widow of a veteran | <input type="checkbox"/> Child/Grandchild of a service member/veteran |
| <input type="checkbox"/> Spouse/Partner of a service member/veteran | <input type="checkbox"/> Sibling of a service member/veteran |
| <input type="checkbox"/> Former Spouse/Partner of a service member/veteran | <input type="checkbox"/> I am the service member/veteran |
| <input type="checkbox"/> Parent/Grandparent of a service member/veteran | |

SERVICE STATUS

Please indicate the service status of the person connected to you (or yourself, if applicable).

- | | |
|--|--|
| <input type="checkbox"/> Veteran/Former member of the ADF | <input type="checkbox"/> Currently serving in the ADF |
| <input type="checkbox"/> Veteran/Former member of the allied Defence Force | <input type="checkbox"/> Currently serving in the allied Defence Force |

Please provide name of allied defence/military force served in : _____

SERVICE MEMBER DETAILS

Name of service member/veteran : _____

DOB : _____ / _____ / _____

- Navy Army Air Force

Service number or PM Keys number (if applicable) : _____

Date/Year service commenced : _____

Date/Year of death (if applicable) : _____

OPERATIONAL DEPLOYMENTS (IF APPLICABLE)

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



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OTHER MEMBERSHIPS / AFFILIATIONS

- | | |
|---|--|
| <input type="checkbox"/> Registered with Legacy | <input type="checkbox"/> Registered with the SASR Trust |
| <input type="checkbox"/> Registered with RSL | <input type="checkbox"/> Registered with the Navy Clearance Divers Trust |
| <input type="checkbox"/> Registered with the Commando Welfare Trust | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Registered with the Bravery Trust | |

MEMBERSHIP AND PAYMENT OPTIONS

Membership options (tick one)

- | | |
|---|---|
| <input type="checkbox"/> Community Member - \$0 | <input type="checkbox"/> Guild Member - 3 years \$85 |
| <input type="checkbox"/> Guild Member - 1 year \$30 | <input type="checkbox"/> Guild Member - 1 year \$0
<i>WWII widows and Guild volunteers</i> |

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

Free annual Guild Member option available to WWII widows and Guild volunteers

Donation (optional):

I would like to add a tax-deductible donation of \$ _____ to my membership payment.

Payment Details (tick one)

- | | |
|--|--|
| <input type="checkbox"/> Credit Card - <i>phone payment preferred - call (02) 9267 6577</i> | <input type="checkbox"/> Cheque/Money Order enclosed |
| _____ | |
| Name on Credit Card | |
| _____ | |
| Card number | <input type="checkbox"/> Direct Deposit - PLEASE ENCLOSE RECEIPTS |
| _____ | Name: Australian War Widows NSW Ltd |
| Expiry | BSB: 032-000 |
| _____ | Account: 941-560 |
| CVC - <i>(three digits on the back of the card)</i> | Reference: First and second initials + surname |
| _____ | |

Credit Card Payment Authorisation :

By providing my credit card details, I authorise Families of Veterans Guild to process my donation and/or membership payment for the amount stated on this form. I understand that my credit card details will only be used to process this payment securely through Stripe and not stored by Families of Veterans Guild. Any written details will be destroyed securely once the payment has been processed.



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DECLARATION AND PRIVACY

I, _____ hereby apply to new my membership of Australian War Widows NSW Ltd (trading as Families of Veterans Guild) and agree to be bound by the rules of the organisation and my commitment to the Member Code of Conduct.

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.

Signature : _____

Date : _____ / _____ / _____

Privacy Declaration

Australian War Widows NSW Ltd (trading as Families of Veterans Guild) will only use the information you provide to record your membership and communicate with you as a member of the Guild. We will never share your personal information with any third party without your express consent, which may be given verbally or in writing.

RETURN INSTRUCTIONS

Please return the completed by :

Post: PO Box 146, Chatswood NSW 2057

Email: guild@fov.org.au

RESOURCE HUB

Our Resource Hub is a living library built to empower war widows, defence and veteran families with numerous information sheets, guides, webinar recordings, wellbeing tips, videos, and advocacy pieces.

This hub is a great place for veteran families to find the information they need, when they need it.

Whether it's a practical guide, important updates in an article or an interview, the resource hub is here to provide veteran families with information, tips and tools so they can look after their wellbeing and stay connected and informed. Scan the QR code to start exploring.

<https://familiesofveterans.org.au/resource-hub/>

