Royal Australian Artillery Association (Queensland) Inc APPLICATION/RENEWAL/PRIVACY CONSENT FORM

APPLICATION: Please accept me as a yearly / life subscriber (over 55 years of age) of the Association

RENEWAL: Please renew my yearly membership of the association from 1 July 20 to 30 June 20 I enclose cheque/cash/money order for \$(\$15 Annual / \$150 Life) or Direct Bank Transfer to Bank of Queensland BSB:124001 Account No:10165789 Your Surname as a reference My current details are (for new members or renewing members with changes): Full name Preferred / Known Name.					
			Address		
			Postcode	Phone (Home)	(Work)
Email address					
	•	Highest rank reached			
-					
OTHER DETAILS Wife	e / partner's name				
NOK Name	DK NameRelationship				
Address (if different fro	m member)				
Are you in receipt of a l	DVA Pension Yes/No				
	mission for my contact details to ediate assistance to you Yes/No	be given to other members of the Association. c (please describe separately)			
ALL	MEMBERS PLEASE COMPLE	TE AND RETURN AS A PRIORITY			
	PRIVACY ACT C	ONSENT FORM			
future Association web	site and so on. Due to the new	n to allow their names to be printed in 'Gunline', any Privacy Act, the Association is not permitted to print hout this consent, we will not be able to publish e.g.			
correspondence, news publish from time to t	letters, website or any publica	(Queensland) Incorporated to print my name in its ition that the Management Committee may agree to ation or use of my name is not associated with or			
Signature		Date			
Printed Name					
Nominated by (Print)		(Signature)			
Seconded by (Print)					
(Signature)					

Please post to: Honorary Secretary, RAA Association (Qld) Inc. PO Box 174, Lutwyche QLD 4030, 0408 073 944, qld.gunline@gmail.com