



# MEMBERSHIP APPLICATION

A: (Head Office) 2 Sleet Road, Applecross WA 6153  
T: (08) 9288 8400 F: (08) 9311 4455 E: [enquiries@raafawa.org.au](mailto:enquiries@raafawa.org.au) W: [www.raafawa.org.au](http://www.raafawa.org.au)

I wish to apply to become member and agree to abide by the RAAF Association (WA Division) Inc.<sup>1</sup> Constitution and By-Laws.

## APPLICANTS DETAILS

SURNAME				GIVEN NAMES				TITLE	
ADDRESS						STATE		P/CODE	
PHONE (HOME)			MOBILE			PHONE (BUS)			
EMAIL				COUNTRY OF BIRTH					
DATE OF BIRTH	/	/	CURRENT/PREVIOUS OCCUPATION						

## EMERGENCY CONTACT DETAILS

FULL NAME							TITLE		
ADDRESS						STATE		P/CODE	
PHONE (HOME)			MOBILE			EMAIL			

## SERVICE DETAILS (if applicable) please note: documentary evidence of service to be provided with this application

ADF SERVICE TYPE			SERVICE NUMBER						
RANK			LENGTH OF SERVICE						
DATE OF ENLISTMENT	/	/	<input type="checkbox"/> STILL SERVING	OR	DISCHARGE DATE	/	/	/	
AREAS OF OPERATION/UNITS									
HONOURS/AWARDS/DECORATIONS									
CAMPAIGN AND SERVICE MEDALS									

## PREVIOUS RAAFA MEMBERSHIP

HAVE YOU PREVIOUSLY BEEN A MEMBER OF THE ASSOCIATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHICH DIVISION	WHEN	/ / to / /

## BRANCH MEMBERSHIP (see overleaf for Branch details)

DO YOU WISH TO JOIN A BRANCH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, WHICH BRANCH/ES	
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I DECLARE THAT (i) My application details are true and correct.  
(ii) I agree to uphold the Constitution and its By-Laws.

APPLICANTS SIGNATURE			DATE	
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We being Association Members, hereby propose/second the above person for membership

PROPOSER SIGNATURE			SECONDER SIGNATURE	
PRINT NAME			PRINT NAME	
MEMBERSHIP NUMBER			MEMBERSHIP NUMBER	

**\*\* ALL APPLICATIONS ARE SUBJECT TO ACCEPTANCE BY THE WA DIVISION COUNCIL \*\***  
**\*\* YOU WILL BE NOTIFIED BY MAIL OF ACCEPTANCE OF YOUR MEMBERSHIP \*\***

The following fees are required to be lodged with this application (pro-rata rates may apply):

MEMBERSHIP FEE	\$66 Adult; \$11 Junior (8-17 years)	\$ _____
ASSOCIATION BADGE (Optional)	\$7 small; \$8 large	\$ _____
<b>TOTAL</b>		\$ _____
WINGS MAGAZINE (Optional)		Yes <input type="checkbox"/> No <input type="checkbox"/>

Privacy Statement: The information supplied on this form is to enable the RAAF Association (WA Division) Inc. to determine your eligibility for membership and as information for RAAF Association (WA Division) Inc. Branches.

<sup>1</sup>Australian Flying Corps and Royal Australian Air Force Association (Western Australia Division) Inc.  
ABN: 97 352 605 141



### ASSOCIATION BRANCHES

*Contact the State Secretary 9288 8400 for further details on all Branches*

25 SQUADRON	Open to former and current 25 Squadron Personnel.
AIRFIELD CONSTRUCTION SQUADRONS	Open to former Airfield Construction Squadrons Personnel.
AUSTRALIAN AIR FORCE CADETS	Open to former and current Air Force Cadets and Instructors.
AVIATION MUSEUM	Open to all Members. Meets second Thursday of each month at 7.00pm in Air Force Memorial House.
<b>ESTATE BRANCHES</b> CAMBRAI VILLAGE ERSKINE GROVE MEMORIAL ESTATE (BULL CREEK) MEADOW SPRINGS	Only available to Estate Residents living on that estate. <i>** All residents are members of estate branches.</i>
MANDURAH	Open to all Members. Meets third Thursday each even month at 4.00pm, Middleton Hall, Meadow Springs Club.
RAAF VIETNAM VETERANS'	Open to former Vietnam Veteran Personnel.
RAAF NURSING SERVICE	Open to former RAAF Nursing Personnel.
WRAAF	Open to all post WWII female RAAF Personnel (serving or non-serving). Open to former WAAAF members. Meets first Tuesday of each month at 7.00pm in Air Force Memorial House.

### OFFICE USE ONLY

DATE	/ /	RECEIPT NO		SIGNATURE	
MEMB. NO		REJOIN / NEW		BRANCH	
WINGS	YES / NO			APPROVAL DATE	/ /