



Membership Application

Air Force Association (WA Division) Incorporated (**RAAFA**) is committed and will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the Privacy Act 1988 (Cth), the Australian Privacy Principles (APPs), the Associations Incorporation Act 2015 and the Aged Care Act 1997. The information supplied on this form will assist RAAFA to determine your eligibility for membership and will be maintained in our Register of Members which, upon request, may be accessed by members of RAAFA.

Applicant Details

Have you previously been a member? \Box Yes \Box No

Title	First	Name	Middle Name	e	Surname
Post-Nominals	Prefe	rred Name	Home Phone	5	Mobile
Business Phone	Emai				
Address					
Suburb/City			State	Postcode	Country
Gender	Date	of Birth	Current/Prev	vious Occupation	
Defence Service	Air Forc	e 🗆 Army 🗆 Navy	Rank		Service No.
Enlistment Date		Discharge Date		Still Serving	Length of Service
Area of Operation/Uni	ts				
Honours/Awards/Deco	oration	s/Campaign			

Membership Classes and Fees

All fees are GST inclusive

Ordinary Member		\$66 annual fee		\$33 if applying 1 Jan – 31 May (then \$66/pa)
Associate Member		\$44 annual fee		\$22 if applying 1 Jan – 31 May (then \$44/pa)
		RAAFA Resident (fee-e	exen	npt), specify Estate/Facility:
		RAAFA Employee (fee-	-exe	mpt), specify Payroll ID:
		RAAFA Volunteer (fee-	exe	mpt), specify location:
Junior Member		\$20 annual fee (availa	ble	only to people 8 to 17 years of age)
Corporate Member	_			ble to a business operating within Australia)
		\$825 if applying 1 Jan	- 3	1 May (then \$1,100/pa)
Service Member		Fee-exempt (available	onl	y to people currently serving in the ADF)
Total Due	\$			

Emergency Contact Details

Title	First Nam	е		Surname	2		Relationship
Are they a member of	RAAFA? 🗆	Yes 🗆 N	lo	If yes, th	neir Membership Nu	Imber	(optional)
Home Phone	Mobile		Business	Phone	Email		
Address							
Suburb/City		State			Postcode	Coun	try

Communication Preferences

Please indicate how you would like to receive communication from RAAFA such as the latest news, developments, future promotions/events and association updates. Please note, your information will not be used or disclosed for the purpose of any third party commercial direct marketing.

🗆 Email	□ SMS	□ Post
	monthly newsletter providing organisate of Division meetings).	tional updates, Estate information and official member
\Box I do not wish to rec	ceive the RAAFA newsletter – Air Mail	
I do not wish to be	updated on association news, develop	ments or future promotions/events

Declaration I declare that:

(i) my application details are true and correct;

(ii) I agree to uphold RAAFA's Rules and By-Laws.

Signature of Applicant or Parent/Guardian (if under 18)	Date
Parent/Guardian Full Name	Parent/Guardian Relationship to Applicant

Proposer/Seconder

As an Association Member, I hereby propose/second the above person for membership:

Proposer Signature	Seconder Signature
Proposer Full Name	Seconder Full Name
Membership Number	Membership Number

Return completed form to RAAFA Central Support Office

18 Bowman Street, South Perth WA 6151 or via email

Membership Fee Total	\$ E - madre
Receipt Number	(Everyone)