

SOUTHERN HIGHLANDS VIETNAM VETERANS' PEACEKEEPERS AND PEACEMAKERS ASSOCIATION Inc.

MEMBERSHIP APPLICATION

WE SERVED AUSTRALIA WITH PRIDE, PURPOSE AND HONOUR

The completed form becomes our Membership Register so please take your time to fill in the requested information. Your application will be presented to the next Committee Meeting for approval.

If you would like more information please visit our website at www.SHVVA.com or phone our Secretary/Treasurer, Norm Austin on: Mobile 0427 854 141

APPLICANT

Family Name _____ Given Names _____
Date of Birth _____ Preferred Name _____

Contact Information

Suburb _____ State _____ P/C _____
Postal _____
Home _____
Phone Home _____ Phone Mobile _____
Email _____

Privacy

If you DO NOT want to share your contact details with members Yes / No

If you would like a copy of our Privacy Policy please Yes / No

MEMBERSHIP INFORMATION

Ordinary membership is for: the Southern Highlands Sub-Branch; the NSW Branch of the Association; and the Vietnam Veterans Federation, and is available to veterans with qualifying war service or direct family members of a qualified veteran.

Wives and family of Veterans are encouraged to join either as an Ordinary Member as outlined above or as an Associate Member with the rights and privileges of an Ordinary Member except you cannot be an office bearer.

The membership fee of \$35:00 is distributed as follows: SHWPPA- \$17.50; The VVPPAA NSW Branch Inc. - \$5.00; and the Vietnam Veterans Federation - \$12.50 which includes a subscription to the VVPPAA bi-monthly journal. We will arrange your Head Office membership and provide a Membership Card.

If you pay fees directly to the NSW Branch (Granville) or to another Sub-Branch then only our fee of \$17.50 is required.

FEES

Full membership fee	\$35.00	\$ _____
Associate member of Southern Highlands WPPA	\$17.50	\$ _____
If you pay fees to the NSW Branch (Granville) or another Sub-Bran	\$17.50	\$ _____
Donation		\$ _____
Enclosed herewith: cash / cheque / EFT	TOTAL	\$ _____

SIGNATURE

Date / /

PLEASE COMPLETE THE INFORMATION ON PAGE 2, SIGN THE FORM AND SEND IT TO

The Secretary. SHWPPA Inc. PO Box 900 MOSS VALE NSW 2577

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APPLICANT'S WAR SERVICE INFORMATION

Theatre of Service: _____

Service Number: _____ Rank: _____ Corps: _____

Unit/Ship 1. _____ From / / To / /

2. _____ From / / To / /

3. _____ From / / To / /

4. _____ From / / To / /

Honours and *Awards*

Other
Information:

PLEASE ENCLOSE A COPY OF YOUR DISCHARGE CERTIFICATE

NEXT OF KIN

Family Name

Given Names

Street Address

Suburb

State

P/C

Phone Home _____ Mobile Phone _____

Email Address _____

Application approved by Committee meeting of / /

Receipt No.

Date / /

Cash/Chq/EFT

VVPPAA Card No.