



**ROYAL AUSTRALIAN ARMOURD CORPS ASSOCIATION
WESTERN AUSTRALIA BRANCH. Inc.**

APPLICATION FOR MEMBERSHIP

25 Bentley St Stoneville WA 6081
secretary.raacwa@gmail.com Phone 0892952281

Surname _____ Other Names _____

Address _____ Suburb _____ Post Code _____

Date Of Birth _____ Occupation _____
(dd/mm/yyyy) (Or if Retired, Pre Retirement)

Details of Military Service including serial number, rank on discharge or current rank, units in which you served.

Name of wife/partner _____
(Or next of kin if applicable with address and phone number)

Phone Number _____ Business _____ Mobile _____

Email Address _____

Name desired on Name Plate _____

Additional Name Plate is available for Wife/Partner at a cost of \$10.00.

Wife/Partner's name desired on Name Plate _____

Nominated By _____

Joining Fee \$20.00 Annual Subscription \$30.00; total \$50.00 (to be enclosed). Covers period 1 January to 31 December and Corps Lapel Badge. This badge always remains the property of the RAACA WA and **if resigning must be returned.**

Remitted \$50.00 or \$60.00 where extra Name late required for Partner.

I hereby apply to join the Royal Australian Armoured Corps Association Western Australia Branch Inc and in doing so pledge to promote the objectives of the Association, maintain the spirit, comradeship and tradition of the Corps and abide by the Rules and Regulations of the Association in accordance with the Constitution of the Association.

Date _____
(dd/mm/yyyy)

Signature _____
(1) _____ ign either Digitally Electronically OR Print, sign and scan.
(2) Return form to Secretary by email (address above) or post.

Name Plate Member _____	Application Received _____
Wife/Partner _____	Application Recorded _____
Lapel Badge Issued - Reg No. _____	Date _____ / _____ / _____