



ROYAL AUSTRALIAN ARMOURD CORPS ASSOCIATION W.A. Inc.
APPLICATION FOR MEMBERSHIP.

Ian Goodall Secretary 8 Saintly Turn Byford 6122
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APPLICANT:

Surname _____ Other Names _____

Home Address _____ Suburb _____ Post Code _____

Date Of Birth ____/____/____ Occupation _____

Home Phone Number: _____ Business: _____

Mobile Phone Number: _____ Email Address: _____

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

Annual Subscription \$ 40.00 per annum

WIFE/PARTNER/OTHER:

Name of your wife/partner/other _____

(Or next of kin if applicable with address and phone number)

Home Phone Number: _____ Business: _____

Mobile Phone Number: _____ Email Address: _____

Name desired on Name Plate _____

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

Wife/Partner/others name desired on Name Plate _____

Nominated By: _____

Joining Fee includes Lapel badge, this badge always remains the property of the RAACA WA and if resigning must be returned.

Remitted \$40 ☐ or \$50 ☐ if Nameplate required for Wife/Partner/Other (please tick one)

Association Bank Account details for Direct Deposit
RAACA WA Inc CBA Warwick
BSB 066 192 a/c 1032 9559 (please include your name)

I hereby apply to join the Royal Australian Armoured Corps Association WA 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 ____/____/____

Signature _____

Name Plate Member _____

Partner _____

Application Received _____

Application Recorded _____

Date ____/____/____