

Please post your application and remittance to:

**The Hon Secretary,
RAA Association (NSW) Inc
GPO Box 576
SYDNEY NSW 2001**

Royal Australian Artillery Association (NSW) Incorporated Application for Membership



I hereby apply to become a member of the Royal Australian Artillery Association (NSW) Inc. in the following category:

<input type="checkbox"/> one	Category Definition	Cost (2008/09)*	Enter \$
<input checked="" type="checkbox"/>	<p>Ordinary Member</p> <p>All gunners are eligible for membership. The term "gunner" means a person who is serving or has served in or is or was on the strength of or is or was attached to any Artillery, or an Artillery Unit of Commonwealth countries. Persons who served with other National Artillery units maybe accepted as members at the discretion of the Committee of the Association.</p>	<p>\$25 first year includes lapel badge.</p> <p>\$15 annually. Gunfire included</p>	
	<p>Associate Member</p> <p>An Associate Member is a person who is or was the spouse, partner or direct descendant, including step-child and their descendants, of a living or deceased Eligible Person who supports the objects of the Association.</p>	<p>\$25 first year includes lapel badge.</p> <p>\$15 annually. Gunfire included</p>	
	<p>Special Member</p> <p>A Special Member is an Eligible Person who through their service was a member of an Artillery Association that has been disbanded or ceased to operate.</p>	<p>No membership fee;</p> <p>Options include: lapel badge \$10 Gunfire \$12pa</p>	
My remittance for membership is enclosed. ☺			\$
Cheques/MOs to be made payable to: RAA Association (NSW) Inc			

* Fees are set by resolution of the Committee

Upon my admission, I agree to be bound by the rules of the Association in force for the time being.

Given Name/s: _____

Family Name: _____

Preferred title on correspondence: _____ Date of Birth: _____

(Our policy is to address all as Mr, Mrs or Ms) _____/_____/_____

Applicant's Signature: _____ **Date:** ____/____/____

Home Address: _____

_____ Post Code: _____

Postal Address: _____

(If not the same) _____ Post Code: _____

Phone Numbers & Other Contacts:

H: (____) _____ W: (____) _____ Mo: _____

E-mail: _____ Fax (____) _____

(Strike out the paragraph below that does not apply)

The following Service Information relates to:

(a) my service and demonstrates my eligibility for Ordinary or Special Membership

(b) the service of (Name) _____ my

(Relationship to the applicant) _____ and demonstrates my eligibility for Associate Membership

Enlistment date: _____/_____/_____

Service Rank: _____ Decorations: _____

Artillery Units & approximate dates of service:

_____	_____
_____	_____
_____	_____
_____	_____

Proposer's Name: _____

Proposer's Signature: _____ **Date:** ____/____/____

(If you cannot find a member to propose you, a member of the committee will propose you after your eligibility is verified).

Office Use Only

Date: ____/____/____

Minutes: _____

Committee's Membership Approval: Yes ___ / No ___

Payment Received: Yes ___ / No ___

Particulars Recorded: Yes ___ / No ___