



The National Servicemen's Association of Australia

New South Wales Branch Inc 1301062

ABN: 81165624064 CFN: 23158

Patrons - Raymond McCann, Brigadier (rtd) AM OBE,
Robert Brown (Pres. Sthn Highlands),
Chaplain - Rev. Howard Knowles BA TH Dip JP

Business Office: The National Servicemen's Centre
Gallipoli Street, Long Jetty NSW 2261

Postal Address: PO Box 6187, Long Jetty NSW 2261

Email Address: nswsecretary@ipstarmail.com.au

Application for Membership

<i>I HEREBY APPLY TO JOIN THE NSW BRANCH OF THE NATIONAL SERVICEMEN'S ASSOCIATION OF AUSTRALIA AS A MEMBER OF _____ SUB-BRANCH.</i>			
FAMILY NAME:		GIVEN NAME:	
STREET ADDRESS:			
SUBURB / TOWN:		POST CODE:	PO BOX: POST CODE:
PHONE / MOBILE:		EMAIL:	
DATE OF BIRTH:		PLACE OF BIRTH:	
SERVICE HISTORY			
PERIOD OF SERVICE:		FROM:	TO:
BRANCH OF SERVICE:		NAVY <input type="checkbox"/>	ARMY <input type="checkbox"/> AIRFORCE <input type="checkbox"/>
SHIP / CORP / SQUADRON:			
OVERSEAS SERVICE LOCATION(S) (IF APPLICABLE):			
RANK ON DISCHARGE:		REGIMENTAL No:	
NATIONAL SERVICE UNIT:		CMF / RESERVE UNIT (IF APPLICABLE):	
ELIGIBILITY			
FORMER NATIONAL SERVICEMAN FROM 1951 TO 1972 <input type="checkbox"/>		FORMER OR SERVING MEMBER OF THE ADF REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/> CMF <input type="checkbox"/>	
FORMER MEMBER OF ALLIED FORCES <input type="checkbox"/>		NON-SERVICE PERSON INTERESTED IN THE AIMS OF THE ASSOCIATION <input type="checkbox"/>	
<i>I DECLARE THE ABOVE INFORMATION TO BE AN ACCURATE RECORD OF MY MILITARY SERVICE AND AGREE <input type="checkbox"/> / DISAGREE <input type="checkbox"/> FOR MY DETAILS TO BE DISCLOSED TO OTHER ORGANISATIONS.</i>			
SIGNATURE:		DATE:	
A JOINING FEE OF \$30 IS ATTACHED: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER (MADE PAYABLE TO NOMINATED SUB-BRANCH)			
<input type="checkbox"/> DIRECT DEPOSIT (PAID TO SUB-BRANCH. RECEIPT No _____)			
<input type="checkbox"/> ELECTRONIC TRANSFER (PAID TO SUB-BRANCH. RECEIPT No _____)			
SUB-BRANCH TO STATE: AMOUNT: \$		SUB-BRANCH STAMP	
DATE:			
SIGNATURE:			
POSITION:			
STATE OFFICE USE ONLY		JOINING FEE RECEIVED <input type="checkbox"/>	DATE:
MEMBERSHIP APPROVED <input type="checkbox"/> BY:		DATE:	
MEMBERSHIP NUMBER:		MEMBER CARD TO SUB-BRANCH <input type="checkbox"/>	DATE: