



**AUSTRALIAN ARMY APPRENTICES ASSOCIATION  
INCORPORATED**

ACT Incorporation No: A04404  
PO Box 4091, Kogarah Bay, NSW 2217 [www.austarmyapprentice.org](http://www.austarmyapprentice.org)  
Patron: Major General Andrew Mathewson, AM



**MEMBERSHIP APPLICATION FORM**

**Membership Type:** \* Ordinary \* Retired \*\* \* Associate (\*Circle applicable)  
\*\* Retired means no longer working full time or drawing a DVA, Age or TPI pension.

**Personal Details:**

Surname (on enlistment):		Current (if changed):
Given Names:		Preferred name:
Street Address:		Mail Address (if different):
Suburb/City:		
State:	Postcode:	
Country (if not Australia):		
Contact Numbers:	Home:	Work:
	Mobile:	E-mail:
Partner's Name:		
Decorations:		
Current Occupation:		Date of Birth:

**Enlistment Details (not required for Associates):**

Intake:	Service No:	Corps:
Rank (on discharge):		Trade:
Year of discharge or still serving:		

**Application Details:**

Membership Fees (Tick appropriate box)	Ordinary Members	Associate & Retired Members
One year:	\$25 <input type="checkbox"/>	\$20 <input type="checkbox"/>
Three years:	\$75 <input type="checkbox"/>	\$60 <input type="checkbox"/>
Five years:	\$100 <input type="checkbox"/>	\$80 <input type="checkbox"/>
Joining Fee:	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>
Memorial Fund Donation:	\$ _____	Total: \$ _____
Payment by:	Cheque/Money Order (included with application form) <input type="checkbox"/>	
(Please tick)	Direct debit to St George Bank BSB 112908 A/C# 482580781 <input type="checkbox"/>	
<i>(Be sure to include your Surname and payment details in the Notes area)</i>		
	Credit Card:	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>
Card Number:	____ / ____ / ____ / ____ Exp: ____ / ____	
Name on Card:	Signature: _____	

**Application Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please forward the completed Application Form with your cheque/money order, or copy of your direct deposit receipt, to **The Treasurer, AAAA, PO Box 4091 KOGARAH BAY, NSW, 2217**

**Office Use only:**

Membership # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Received: \_\_\_\_\_