



**AUSTRALIAN ARMY APPRENTICES ASSOCIATION
INCORPORATED**

ACT Incorporation No: A04404
PO Box 4091, Kogarah Bay, NSW 2217 www.austarmyapprentice.org
Patron: Brigadier Andrew Freeman



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: _____