



RHODESIAN VETERANS ASSOCIATION (QLD) INC.

Membership Application

Email: info@rhodesian.vet
Website: www.rhodesian.vet

P. O. Box 180
Corinda
Qld. 4075

PLEASE **PRINT** CLEARLY:

Section 1 : Applicants details :

Title (Dr.Mr.Mrs.Ms.): Last name: First name:
Other names:..... Preferred name: Date of birth: (Optional): ____ / ____ / ____
Address:
..... State: Postcode:
Postal address if different from above:
☎ (h): (w): Mobile: Email:
Website:..... Fax:

Section 2: Membership Category :

Did you yourself serve in the Rhodesian Security Forces, and are thus a "Veteran" ? Circle as appropriate below –

Yes - [you are entitled to Veteran Membership] - Continue completing Section 3 below with your own details

No - Answer the following : are you either a spouse or descendant of a "Veteran" as defined above ?

Yes - [you are entitled to Legacy Membership] Continue completing Sect. 3 below with your Veteran's details

No – [you are entitled to Associate Membership] Proceed to Section 4

Section 3 : Details of Veteran's Service (Veteran and Legacy Members only)

Army Air Force BSAP (incl. Police Reserve) Internal affairs Guard Force Rhodesia Defence Regiment. (Please circle)

Service number:..... Unit(s):

..... Rank:

Enlistment Date: Discharge Date: Length of service:

Details of other service if served in more than one unit:

Additional Info:

Awards, Decorations and Commendations:.....

Other details of service (e.g. major battles or significant events):

If applying for LEGACY Membership – What is your Relationship to the above Veteran ?

Section 4 : Interests :

Are you interested in: Marching on Anzac Day? In BBQs or social outings? Commemorative Services?

In contacting other members for hobbies, etc.?

Other (specify) _____

Hobbies / Interests:

Disclaimer: The Rhodesian Veterans Association (Qld) Inc. does not hold Public Liability insurance.

Members and Families attend venues and events at their own risk.

Please continue overleaf ...

In case of Emergency, we may need to Contact Next of Kin/Nominated Persons to assist you; Please provide details:

Contact: Last name: First name:

Address:

..... State: Postcode :

Relationship to you :

Telephone: Mobile: E-mail:

Section 5 : Applicants Declaration :

I **declare**: The information provided is true and correct. I agree to the Constitution and its By-laws.
I enclose payment for Membership as given hereunder.

Signature: Dated day of 20

Proposer: **Seconder:**

Direct transfer to **Heritage Bank** A/c Name: **Rhodesian Veterans Association (Qld) Inc** A/c No. **13943707** BSB: **638 070**
Please add **your name as the Reference** when making Bank Transfers.

Subscription Fees :

\$10 (Annual) or Life membership \$50

I enclose \$.....for Life Membership / Annual Subscription (Please circle) Cheque Cash EFT

Thank you for your interest and support – please hand this form to an RVA Committee Member for submission, or you may post or email it to the addresses given in the header.

Section 6 : Office Use Only :

Proposer checked: Seconder Checked:

Treasurer : Payment received date/...../.....

Category of Membership Approved by Management Committee: Honorary / Veteran / Legacy / Associate

Term of Membership : Annual / Life

Date: of Approval