**Descendants Rats of Tobruk Australia Association Inc.**

**Membership No.\_\_\_\_\_\_\_**

**Application for Membership**

***Please forward this application together with payment to***

**The Secretary of DOTROTA PO BOX 3389 Victoria Point West Qld 4165**

Name:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Given Name (s) Surname

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb / State Post Code

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Clearly

Are you over 18 years of age: **YES or NO**. Are you or have you been a member of the military services: **YES or NO.**

Are you a descendant/relative of a Rat of Tobruk **YES or NO. If yes please print member’s details below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name (s) Surname Service ID Unit Date of Death

My relationship with the veteran is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for wanting to join:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominate Next of Kin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details:**

Yearly Fees: - **Single $20** **Couples** **$30** **Junior** **$10** (u18)

**Families $50** (unlimited for children who are **direct descendants** of a Rat of Tobruk and under 18yrs of age- lIst of children & date of birth to be added on next page)

Payment **must** accompany the application. Payment can be made by cheque, money order, cash or electronic funds transfer (EFT). The Association does have a credit card facilities. **If you are paying by EFT, it is important that you include a unique reference so that the payment can be matched to the application.** A suggested reference is the letters ‘NEW MBR’ followed by your surname. e.g. ‘NEW MBR Wallace.’

**Bank Account Details: Account Name: DOTROTA BSB: 124001 Account No.22920417**

**Credit card payment |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_||\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|**

The EFT ‘reference’ I have used is:

**|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|**

If you pay by EFT, you can scan this application and send it to: [dotrota41@gmail.com](mailto:dotrota41@gmail.com) this will ensure your application is processed promptly.

**Privacy Clause:**

Information requested in this application form is necessary for the Association to determine your eligibility for membership, maintain the members register and to keep you informed about the Association, its activities and products. It will not be provided to the third parties for direct marketing purposes. As a member, you have a right to inspect the member’s register.

**Promotional Photos:**

At the Association’s functions, photos may be taken for promotional purposes and publication. By attending any of these functions you give permission for the use of your image in the manner described above.

**Annual subscription:**

By joining the Association, you agree to pay the annual subscription when it falls due on the 1st July each year. The amount of the annual subscription is set by the Committee of Management prior to the start of each year.

**Association Rules**:

By joining the Association, you agree to abide by the Association’s rules and policies approved by the Committee of Management from time to time. These are available on our Facebook page.

**Applicants signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegate of Committee Management Delegate of Committee Management**

**LIST OF CHILDREN TO BE ADDED FOR FAMILY MEMBERSHIP**

**Given & Surname : Date of Birth: Relationship:**

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