# Descendants Rats of Tobruk Australia Association Inc.

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

# **Application for Membership**

Please forward this application together with payment to

	The Secretary of	DOTR <mark>OTA PO BOX 3389 Victo</mark> ri	a Point West Qld 4165	
Name:	Given Name (s)	Surname	8 W6161611	
Address:				
Email:	Suburb / State	Post Code  Contact Pho	ne No:	
		45 Ur )		
Please Print Clearly	- Complete Company	2	$Q_{\wedge}$	
		you or nave you been a member ruk <u>YES or NO.  <mark>If yes please prir</mark></u>	r of the military services: <u>YES or NO.</u> nt member's details below:	7
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	· ///	9 (1)		
Given Name (s)	Surname	Service ID	Unit Date of Death	
My relationship w	rith the veteran is:	// // 3		
Reason for wantir	ng to join:	(1 /2 ))		
teason for wantii	is to join.	101//		
Nominate Next of	Kin	1	////	
Payment Details:			<i>(6//</i>	
Yearly Fees: -	Single \$20	Couples \$30	<b>Junior \$10</b> (u18)	
			SS (111)	
		CNDANTS		
-			of a Rat of Tobruk and under 18yr	rs of a
Ist of children	& date of birth to be ad	ded on next page)		
Pavment <b>mus</b>	st accompany the application	ı. Payment can be made by chec	que, money order, cash or electronic fun	ds tran
•			ying by EFT, it is important that you incli	
			c <mark>ation.</mark> A suggested reference is the lette	rs 'NE\
MBR, toll	lowed by your surname. e.g.	'NEW MBR Wallace.'		
Bank Accou <mark>nt Det</mark>	tails: Account Name: DOTR	OTA BSB: 124001	Accoun <mark>t No.22920417</mark>	
Credit card paym	nent			) I
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The EFT 'reference	e' I have used is:			
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processed prompt		<u> </u>		•

## **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:**

Given & Surname:

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.

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Applicants signature:		Date:	
Membership approval:	N. C.	Membership Approval	(2)
Membership Number:		Membership Number:	//
Delegate o	f Committee Management	Delegate of Committee Managem	ent

Date of Birth:

Relationship:

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

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NO SLIDDENIDER	
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