

NATIONAL MALAYA & BORNEO VETERANS ASSOCIATION AUSTRALIA Inc.

Address: National HQ
38 Highview Crescent
Gisborne
VIC 3437
ABN 31 340 936 038



Contact: Owen Marshall
Mobile: 0414 238 698
Email: omarshallnpres@nmbvaa.org.au

MEMBERSHIP APPLICATION / RENEWAL FORM

[FINANCIAL YEAR COMMENCES on the 1st. January EACH YEAR]

“Lest We Forget”

“BONO ANIMO ESTE”
(Be of Good Courage)

“Andai Nya Kita Terlupa”

NAME (PLEASE PRINT):
[First Name] [Middle Name] [Surname]

HOME ADDRESS:
[Street]

..... **POSTCODE:**
[Town / Suburb] [State]

POSTAL ADDRESS:
[Street]

..... **POSTCODE:**
[Town / Suburb] [State]

PH#:(H) **FAX#:** **e-mail:**

PH#:(W) **MOB#:**

SERVICE No: New members only

Navy Army Air Force Other

Membership Subscription: \$.....

NMBVAA Badge (Optional): \$..... (Lapel, Metal)

Welfare Donation (Optional): \$.....

Other : \$.....

TOTAL PAYMENT: \$..... * Members Signature.....

Type of Payment: (Please tick)		
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	M/O <input type="checkbox"/>
Cheque or M/O #.....		
Date:		

OFFICE USE ONLY

RECEIPT No. **Date**

NEW MEMBER **NMBVAA Service Verified? Yes:** **No:**

RENEWAL **Verified by (Print Name):** **Date:**

ASSOC MEMBER **Member paid up and financial till end of (Specify Year):**

ENTERED ON OFFICE COMPUTER BY **Date:**

RECORDED AS A CAPITATION? (FULL MEMBERS ONLY): Yes: **No:**

All Membership Applications to be forwarded after State processing to the National Membership Secretary
Ben Thurlow, PO Box 1015, Cowes, VIC 3922

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I, _____ (Full Name)
of _____ Post Code _____

apply for:

- ORDINARY** Membership (*ex-Service member*)
 ASSOCIATE Membership (*Spouse, Widow, Family member*)
 SOCIAL Membership (*Over 18 years*)
 JUNIOR Membership (*<Under 18 years*)
 HONORARY Membership

of the NMBVAA Inc. and agree to abide by the Constitution of the NMBVAA Inc. as amended from time to time.

SERVICE DETAILS

Regimental Number: _____ Rank: _____ (*On Discharge*) Armed Service(s): _____

Unit(s), Ship(s), Squadron(s): _____

Country Of Enlistment: _____ Date: _____

Decorations or Awards: _____

Theatre of Operations: _____ From: _____ To: _____

CONTACT DETAILS

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Next of Kin: _____ Phone _____ Mobile _____

Signature: _____ Date: ____/____/____

PROPOSED BY: _____ **Membership N^o:** _____ **Branch:** _____

SECONDED BY: _____ **Membership N^o:** _____ **Branch:** _____

ANNUAL MEMBERSHIP SUBSCRIPTIONS ARE DUE ON APPLICATION OR 1 JANUARY UNLESS OTHERWISE STATED.

OFFICE USE ONLY

Membership subscription received YES NO Receipt Number: _____ Date: _____

Service details verified: _____

Membership Number: _____ Date Approved: _____ Date Card Issued: _____

Date Database Updated to NHQ: _____ Branch Secretary: _____ Signature _____

RETURN THIS FORM and Subscription to: SA & NT State President **Copy to:** National Membership Secretary
Brian Selby Ben Thurlow
73, Berrima Road PO Box 1015
Sheidow Park, SA 5158 Cowes, VIC 3922