

NATIONAL MALAYA & BORNEO VETERANS ASSOCIATION AUSTRALIA Inc.

Patron: General the Honourable Sir Peter Cosgrove, AK, CVO, MC (Retd)

National Headquarters:
38 Highview Crescent
GISBORNE VICTORIA 3437
ABN 31 340 936 038



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

'BONO ANIMO ESTE'
(Be of Good Courage)

'Lest We Forget' MEMBERSHIP APPLICATION PART 'A' – ALL MEMBERS NEW SOUTH WALES

'Andai Nya Kita Terlupa'

[FINANCIAL YEAR COMMENCES 1ST JANUARY EACH YEAR]

I, (Insert Name) _____

apply for: (Select one of the following)

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

Annual Subscription Fees

\$20.00
\$13.00
Not Applicable
No Charge
Not Applicable

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

NAME & ADDRESS DETAIL

Title	Applicants Given Name(s)	Surname
Postal Address:		
City/Suburb:	State:	Postcode:
Street Address: (if Different to Postal)		
City/Suburb:	State:	Postcode:
Date of Birth:	(Optional: Day/Month/Year if possible – Day/Month is acceptable)	

CONTACT DETAIL

	Home	Mobile	Work	Fax
Phone:				
eMail:				

PREFERENCES

Primary Contact: (Select one) Self Next of Kin
Contact via: (Select one) Home phone Mobile Work Fax eMail

NEXT-OF-KIN DETAIL (Optional)

Name:	
Address:	'As Above' if same as Member
Phone/eMail:	'As Above' if same as Member

Applicants Signature: _____

Date: _____

Applicants for Ordinary Membership are also required to complete a **MEMBERSHIP APPLICATION PART 'B' - SERVICE DETAIL** form.

PAYMENT DETAIL – To be completed by the applicant prior to submission.

Membership Subscription:	\$	(Lapel, Metal \$10.00)	Payment Method (Select one)	
NMBVAA Badge: (Optional)	\$		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Money Order	
Welfare Donation: (Optional)	\$		<input type="checkbox"/> Bank Transfer to:	NMBVAA Inc. (NSW)
Other : _____	\$		Bank	Service One Alliance Bank
TOTAL PAYMENT:	\$		BSB	801-009
			Account	001059031
			Reference	_____
				(Insert your name)

Membership Applications and Subscriptions are to be forwarded to the State President of the relevant Branch as shown below:

President NMBVAA NSW
Mr. Ian Davenport
PO Box 670, Jamison Centre ACT 2614
or via email to maindav@bigpond.com

After State processing a copy of the application is to be sent to:
The Membership Officer
PO Box 4448 LANGWARRIN VIC 3910
or via email to NMBVAA@dka.net.au

Privacy Statement

All data collected via this application form is for the internal use of the above association and will not be shared or divulged to any third party, excluding those of a statutory or regulatory nature, without the express written permission of the applicant. Additional details of the associations Privacy Policy are available on request.

Member-In-Confidence when completed

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[FINANCIAL YEAR COMMENCES 1ST JANUARY EACH YEAR]

SERVICE DETAIL (Ordinary Members Only)

SERVICE No: Service: (Select one) Navy Army Air Force Other Details: _____

Country of Enlistment: _____

Enlistment Date: Discharge Date: Rank (on discharge):

DVA DETAILS (Optional): File Number: State: Entitlement(s):

RSL DETAILS (Optional): Member No.: Branch/State: Funeral Service:

SERVICE HISTORY DETAIL

Relevant Service History Details are required to establish the bona fides of the applicant, when that is done other details are optional.

UNIT(S),SHIP(S),SQUADRON(S) <small>(Attach additional details if insufficient space for all entries)</small>	PERIOD	
Description	From *	To *
THEATRE OF OPERATIONS <small>(Attach additional details if insufficient space for all entries)</small>	PERIOD	
Theatre	From *	To *
DECORATIONS OR AWARDS <small>(Attach additional details if insufficient space for all entries)</small>	AWARDING	
Description	Country	Date *

**** Period & date details above are acceptable in any of the following formats: Day/Month/Year, Month/Year or Year only.**

OFFICE USE ONLY

NMBVAA Service Verified: Yes / No Verified by: _____ Verification Date _____

PROPOSED BY: _____ Membership No _____ Date: _____

SECONDED BY: _____ Membership No _____ Date: _____

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