

# 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 1<sup>st</sup>. 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.....

<b>Type of Payment: (Please tick)</b>		
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<sup>o</sup>:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**SECONDED BY:** \_\_\_\_\_ **Membership N<sup>o</sup>:** \_\_\_\_\_ **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:** National President  
Owen Marshall  
38, Highview Crescent,  
Gisborne, VIC 3437

**Copy to:** National Membership Secretary  
Ben Thurlow  
PO Box 1015  
Cowes, VIC 3922