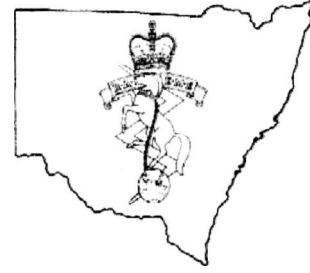


In Confidence

RAEME Association NSW Inc.



**Application for Membership
Of the Association
As Per Rule 3**

* * Please Print All Details * * *

I, _____ (Surname) _____ (Given Names)

Of _____ (Street No & Name)

At _____ (Town / City) _____ (State) _____ (Post Code)

Home Ph _____ Business Ph _____

Fax No _____ Mobile Ph _____

Email _____

Hereby apply to become an "Ordinary" / "Associate"* (Delete one) member of the RAEME Association NSW Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature _____ Date of Birth _____ / _____ / _____
(Optional)

Date _____

I, _____ (Full Name) being a member of the Association,

Nominate the applicant, who is personally known to me, for membership of the Association.

Signature _____

Date _____

I, _____ (Full Name) being a member of the Association,

Second the nomination of the applicant, who is personally known to me, for membership Of the Association.

Signature _____

Date _____

In Confidence
RAEME Association NSW Inc. - Membership Application Continued

Serving Members (Circle that Applicable)

ARA / GRES Current Unit _____

Unit Address _____

Rank _____ Trade / Appointment _____

Retired Members

Last Unit Served _____

Location _____

Military Details

Current / Retiring Rank _____ Service Type _____
(ARA, ARES, GRES, CMF)

Period of Service _____ to _____

Enlistment Type _____
(RMC, OCS, DEO, ADFA, National Service, Adult Trade, Apprentice, Trainee)

Apprentice Intake: _____ Adult Trade / Trainee Course: _____

Armv Corps: RAEME (Circle if RAEME) Other _____ (Insert if Other)

Associate Members*: Navy, Air Force, Public Service, Partner (Circle that Applicable)

Next of Kin (For Record Purposes Only - Optional)

Surname _____ Given Names _____

Relationship _____ Address _____
(If Different from Above Address)

Please Note: All information submitted is of a confidential nature, and will be for committee use only, and WILL NOT be used or identified to ANY other organisations, persons or parties what so ever.

<p><u>Secretary's Use Only</u></p> <p>Approved by Committee: _____</p> <p>Membership No: _____</p> <p>Remarks: _____</p> <p>_____</p>

<p><u>Please Note</u></p> <p>Membership will only be processed when payment of the fee is received.</p> <p>The completed application form, and subscription fee, may be handed to a committee member, or posted to the Secretary at:</p> <p>RAEME Association NSW Inc. PO Box 369 ST CLAIR NSW 2759</p> <p>Subscription Fee: \$20:00 per year</p>
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