

Veterans Care Association Inc (VCAI)

APPLICATION/RENEWAL FORM

ORDINARY MEMBERSHIP

2021/22



DATE: ___/___/___

MEMBER/NEW APPLICANT'S DETAILS: [PLEASE PRINT CLEARLY]

MEMBERSHIP NUMBER:.....

(if renewing membership please put your current VCAI Number above if known)

Mr/Mrs/Miss/Ms Surname Given Name(s).....

Residential Address:

Post Code:.....

Mailing Address (if different from Residential Address):

Post Code:

Telephone: Mobile:

Email:

Date of Birth: Gender: M / F

Payment Details: BSB: 034-034 Westpac Banking Corporation Account Number 324-703 Veterans Care Association Inc Reference: Mem-YourName e.g. Mem-BA Jones	Current Ordinary Membership Subscription: \$25.00 Per financial year or part thereof.
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Information to Member/Applicant:

For clarification on your **Membership Class** please contact the Secretary at secretary@veteranscare.com.au

Ordinary membership subscriptions levies are for a whole financial year or part thereof and due annually on 1 July.

VCAI holds **public liability insurance** for a total cover of \$20 million. The Insured as listed on the Certificate of Liability Insurance policy is the Veterans Care Association Inc of 2 Victoria Park Rd., Kelvin Grove 4059.

VCAI complies with **National Privacy Principles** and is committed to protecting the privacy of personal information supplied by you on this form and will not be distributed under any circumstances to a third party. VCAI will use the information to process your Membership Application and to provide its services to you. VCAI may use your information for communication of eNews and Newsletters via your email address. A register of members is maintained by VCAI and available for inspection by contacting the secretary at secretary@veteranscare.com.au

I hereby **renew my membership/apply to join** (please delete as appropriate) VCAI as an ordinary member and agree to comply with the rules of VCAI as they apply to me and acknowledged my membership is for one financial year.

NAME AND SIGNATURE OF MEMBER/APPLICANT:

NAME (print) _____ SIGNATURE _____ Date: _____

NEW MEMBERS ONLY

NAME AND SIGNATURE OF PROPOSER: (must be a paid up member at time of proposing this application)

NAME (print) _____ SIGNATURE _____ Date: _____

NAME AND SIGNATURE OF SECONDER: (must be a paid up member at time of seconding this application)

NAME (print) _____ SIGNATURE _____ Date: _____

Office use only:

Membership fee received: \$ _____

Date membership approved by committee: _____

Entered in membership register: Date _____ Inits: _____

New Member notified: Date _____ Inits: _____