** DESCENDANTS OF THE RATS OF TOBRUK AUSTRALIA ASSOCIATION Inc.**

 **APPLICATION FOR AFFILIATE MEMBERSHIP**

 **Please forward completed application by mail or email to:**

 **The Secretary, DOTROTA, PO Box 3389, Victoria Point West, Qld., 4165**

 **email: The Secretary at dotrota41@gmailcom**

Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title Given Name Surname

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over 18 years of age: **YES / NO** Are you, or have you been, a member of the military services: **YES / NO**

Are you a descendant or relative of a Rat of Tobruk **YES / NO** If yes please print your Veteran’s details below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name (s) Surname

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Number Unit Date of Death

My relationship with the Veteran is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for wanting to join: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT DETAILS:**

**Single: $12 joining fee plus $10 annual subscription Couple: $20joining fee plus $20annual subscription**

**Junior Rats up to 18 years: $7 joining fee plus $5 annual subscription**

Payment should accompany the application and can be made by cheque, money order, cash or electronic funds transfer (EFT). The Association does not have credit card facilities. To ensure processing of your application theEFT payment should include a unique reference. A suggested reference is the letters ‘NEW MBR’ followed by your surname. e.g. ‘NEW MBR Wallace.’

**The Association’s Bank Account Details: Account Name: DOTROTA BSB: 124-001 Account No. 22920417**

The EFT ‘reference’ I have used is: **|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|**

If you pay by EFT, please scan this application and email it to: The Secretary at dotrota41@gmail.com

**Privacy Clause:** Information requested in this application form is necessary for the Association to determine your eligibility for membership, maintain the Register of Members and to keep you informed about the Association, its activities and products . It will not be provided to third parties for direct marketing purposes. Your personal details will not be shared to other members and the Register of Members will only be available to the Committee.

**Promotional Photos:** At the Association’s functions, photos may be taken for promotional purposes and publication. By attending any of these functions you give permission for the use of your image in the manner described above.

**Annual subscription:** By joining the Association, you agree to pay the annual subscription when it falls due on the 1st July each year. The amount of the annual subscription is set by the Committee of Management prior to the start of each year and will be notified on Facebook.

**Association Rules**: By joining the Association, you agree to abide by the Association’s rules and policies as approved by the Committee of Management from time to time. These are available on our Facebook page

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**Applicants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Allocated Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**