

# ***RAEME Association NSW Inc.***

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## **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: \_\_\_\_\_

Army 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>
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<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 463 MOOREBANK NSW 1875</p> <p>Subscription Fee: See Rule 8</p>
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