



The Partners of Veterans Association of Australia Inc.

ARBN 105-524-972

ABN 95-105-524-972

Patron: Mrs. Lynne Cosgrove

APPLICATION FOR MEMBERSHIP

Personal Information collected by the Association is used at State and/or National level to provide services to members and all information collected is protected under the Federal Privacy Act, 1988 and the National Privacy Principles included in the Privacy Act Amendment 2000.

Surname..... Mrs / Ms /Mr

Given name/s

Preferred First Name (if different from above).....

Postal address

.....State Postcode

Date of birth/...../.....

If it is appropriate to contact you by phone and/or email, please list details below:-

Telephone: Home (.....)..... Business (.....).....

Mobile.....

Email address.....

Veteran's service details or other relevant information to verify membership eligibility.

Name Service No.....

Service: Navy Army Air Force

Period of service: From/...../..... To...../...../.....

Which country served? Australia / Other.....

Which war, conflict, peacekeeping/peacemaking missions?.....

.....

Office Use Only Membership No.....

Date received...../...../..... Amount Received \$..... Donation \$.....

Paid by: Cash Cheque Money Order Direct Deposit

Receipt No: Approved by.....

Would you like to be contacted by your nearest P.V.A. Support Group? YES / NO

Do you agree to your P.V.A. State Branch sending you one (1) only book of raffle tickets per year, as a fundraiser? YES / NO

Where did you hear about P.V.A.? *(Please circle)*

Welfare Meeting Awareness Trip P.V.A. Member Advertising V.V.C.S. D.V.A.
P.V.A. Website OTHER - Please specify

The following information is collected for statistical purposes only and use of such information by the Association does not in any way identify you. Statistical information collected by the P.V.A. at State and/or National level is used to gain better outcomes for all partners of veterans.

Do you receive a War Widow/Widower payment from D.V.A.? YES / NO

Are you an ex-service person? YES / NO

Do you receive Carer's Allowance/Carer's Payment from Centrelink? YES / NO

Are you: separated / divorced / widowed? *(Please circle)* YES / NO

Have you completed any V.V.C.S. (Veterans & Veterans Families Counselling Service) Courses? YES / NO

Membership Year is 1st July to 30th June in each year.
Membership of P.V.A. entitles you to receive an Association lapel badge, and the Association's National Magazine 'P.V.A. News' which is published 4 times a year.

Joining Fee	\$10.00
Annual Membership Fee	<u>\$20.00</u>
SUB TOTAL	\$30.00
Donation	_____
TOTAL	\$ _____

I apply for membership of the Partners of Veterans Association of Australia and by signing this form agree that my details as supplied on this Membership Application form and/or subsequent updates will be kept on record in a secure environment by my respective State/Territory Branch and the National Executive.

SIGNATURE Date / /

Please send your completed form and payment to the P.V.A. State Branch of your choice:

P.V.A. N.S.W./A.C.T. BRANCH
Membership Secretary
PO Box 890
TWEED HEADS NSW 2485

P.V.A. QLD. BRANCH
Membership Secretary
PO Box 405
GOLDEN BEACH QLD 4551

M.P.V.A.A.- W.A
Membership Secretary
PO Box 2435
WARWICK WA 6024

P.V.A. S.A. /N.T. BRANCH
Membership Secretary
P.O. Box 62
PARK HOLME SA 5043

P.V.A. VIC. /TAS. BRANCH
Membership Secretary
P.O. Box 6111
WHITE HILLS VIC 3550

For further information about P.V.A. in your state, please phone:-

1300 553 835

OR

Use the "Contact Us" on our website:- www.pva.org.au