



AUSTRALIAN WAR WIDOWS (QUEENSLAND)

PATRON
HIS EXCELLENCY THE HONOURABLE PAUL DE JERSEY AC
GOVERNOR OF QUEENSLAND

A.C.N.009 708 810

Directors:

Mr Stephen Scott (Chairman)
Mr Steven Blinkhorn B Bus AICD
Mrs Bron Drinkwater
Mr Peter Eardley BA LLB
Mrs Jenny Gregory BScN GDipHSM
Mr Andrew Roe B Arch BFCW
Mrs Val Rooney
Mrs Helen Strange OAM
Mrs Judith Walters

PO Box 13604
George St Post Shop
BRISBANE QLD 4003

41 Merivale Street
SOUTH BRISBANE QLD 4101

Telephone: (07) 3846 7706
Toll Free: 1800 061 945
Facsimile: (07) 3846 7701
Email: secretary@warwidowsqld.com.au

APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for Associate Membership of the Australian War Widows (Queensland). I understand and accept my application is subject to approval by the State Board of the day. I further agree to abide by the rules as defined in clause 6.5 of the Constitution, as they apply to Associate Membership. These include:

- being liable for fees as defined in the By-Laws
- being ineligible to vote, nominate for, or to hold office.

Please note that Associate members are ineligible for accommodation in the Australian War Widows (Queensland) units.

Associate Membership is **\$20.00 per year**, money order/cheque to be made payable to the **Australian War Widows (Queensland)**.

PLEASE COMPLETE IN BLOCK LETTERS (Information will be kept strictly confidential):

SURNAME: **Given Names**

ADDRESS:

POSTCODE:..... **TELEPHONE NO:** **SIGNATURE**

EMAIL ADDRESS.....

My association with the War Widows is through:

- Family of Guild member Member's name:
- Friend of Guild member Member's name:
- Carer of Guild member Member's name:
- Business Associate Business name:
- Other ESO ESO name:
- Other association – please provide details:

PAYMENT METHOD - PLEASE TICK ONE

I enclose Cheque/Money Order payable to Australian War Widows (Queensland)

Please charge to MasterCard / Visa (please circle card type)

Name on Credit Card.....

Card number:

Expiry Date: /