



Family Name		Given Name	
Gender		Date of Birth	
Phone		Email	
Home address			
Postal address			
If you speak a language other than English, can you volunteer translation services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages you can speak			
Do you identify as Aboriginal or Torres Strait Islander?			
Would you like to tell us of any conditions that may require support?			
If yes, please specify	<input type="checkbox"/> hearing impairment <input type="checkbox"/> visual impairment <input type="checkbox"/> learning impairment (eg: dyslexia) <input type="checkbox"/> mental health (eg: depression) <input type="checkbox"/> mobility challenge (eg: walker, wheelchair necessary) <input type="checkbox"/> cognitive impairment (eg: Alzheimers) <input type="checkbox"/> allergies <input type="checkbox"/> other _____		
Emergency Contact Name		Phone	
Do you have a DVA Gold Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number	
Are you registered with myagedcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, level	
Are you a current member of AWWQ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, number	
Are you a War Widow?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Family Carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arm of defence you OR a family member served (please specify whether you served OR a family member served) : _____ <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Peace-keeping forces <input type="checkbox"/> Army <input type="checkbox"/> Reserves			
<input type="checkbox"/> World War I <input type="checkbox"/> Korean War <input type="checkbox"/> Indonesian-Malaysian Confrontation <input type="checkbox"/> Iraq War <input type="checkbox"/> World War II <input type="checkbox"/> Vietnam War <input type="checkbox"/> Malaysian Emergency <input type="checkbox"/> Gulf War <input type="checkbox"/> Occupation of Japan <input type="checkbox"/> Afghanistan <input type="checkbox"/> POW Other _____			

What services are you likely to require from AWWQ?		
<input type="checkbox"/> General support	<input type="checkbox"/> Information about myagedcare or DVA	<input type="checkbox"/> Join events
<input type="checkbox"/> Referrals to other organisations	<input type="checkbox"/> Advocacy for a specific issue	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Meet new friends and socialise	

Do you have a pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive the AWWQ Bulletin in the post?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you ok with appearing in group photos at events? (often put in Bulletin or on Facebook)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give your consent for AWWQ to give your contact details to your local Regional Group Coordinator or President?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give your consent for AWWQ staff to contact DVA on your behalf to advocate for your needs when and if you request us to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received and read our Privacy Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received, read and agree to abide by the AWWQ Code of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have not already paid for your \$20 membership fee, how do you wish to pay? Please tick one option below:	
<input type="checkbox"/> Credit Card	Name on Card: Card Number: Expiry Date:
<input type="checkbox"/> Cheque	Please make cheque out to Australian War Widows Queensland
<input type="checkbox"/> Bank Transfer	Account Name: Australian War Widows Queensland BSB: 064000 Account Number: 14969480

The purpose of this form is to gather information about our members so that we can provide appropriate services such as sending Bulletins, eNewsletters, invitations or provide translation / support services, if required. The information you provide to us on this form is maintained in a confidential member database and stored securely. We do not share your information with any external parties unless you give your specific consent. Please refer to our Privacy Policy for further information. By signing this form, you agree to the Code of Conduct and understand that any major or repeated breaches may result in termination of membership or disqualification from Regional Group Meetings.

Signature		Date	
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AUSTRALIAN WAR WIDOWS
QUEENSLAND

A: 41 Merivale Street South Brisbane QLD 4101
PO Box 13604 George Street Post Shop Brisbane QLD 4003
T: 07 3846 7706
Free Call 1800 061 945
E: reception@warwidowsqld.org.au