



Family Name		Given Name	
Gender		Date of Birth	
Email			
Home Phone		Mobile Phone	
Home address			
Postal address			
Do you identify as Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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 If no, see page 3	
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? If no, see page 3	<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 served	<input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Peace-keeping forces <input type="checkbox"/> Army <input type="checkbox"/> Reserves		
Arm of defence 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		
Location of Service	<input type="checkbox"/> Afghanistan <input type="checkbox"/> Non Operational ADF Service <input type="checkbox"/> Gulf War <input type="checkbox"/> Occupation of Japan <input type="checkbox"/> Indonesian-Malaysian Confrontation <input type="checkbox"/> Vietnam War <input type="checkbox"/> Iraq War <input type="checkbox"/> World War I <input type="checkbox"/> Korean War Malaysian Emergency <input type="checkbox"/> World War II <input type="checkbox"/> Malaysian Emergency <input type="checkbox"/> Other _____		

What services are you likely to require from AWWQ?	<input type="checkbox"/> General Support <input type="checkbox"/> Referrals to other organisations <input type="checkbox"/> Accommodation <input type="checkbox"/> Information about myagedcare or DVA <input type="checkbox"/> Advocacy for a specific issue <input type="checkbox"/> Meet new friends and socialise <input type="checkbox"/> Join events <input type="checkbox"/> Volunteer
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Would you like to receive the AWWQ Bulletin in the post?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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Are you ok for AWWQ to give your contact details to your local Regional Group Coordinator or President?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you live in an Aged Care Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you live in a Retirement Village?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you received and read our Privacy Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you received, read and agree to abide by the AWWQ Code of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you like to purchase a Name Badge for an extra \$5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you would like a badge, would you prefer a magnetic or pin backing? <input type="checkbox"/> Magnetic <input type="checkbox"/> Pin

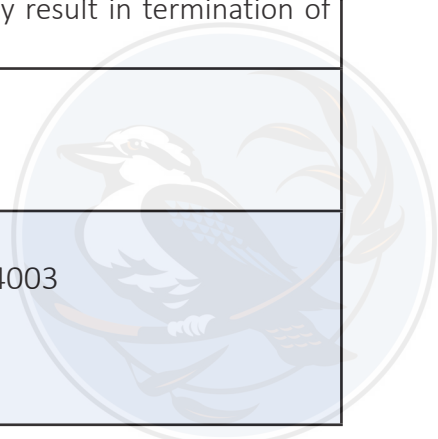
If you have not already paid for your \$20 membership fee, how do you wish to pay? Please tick one option below:

<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 Group Meetings.

Signature		Date	
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Return completed form to postal address:
 PO BOX 13604 George Street Post Shop Brisbane QLD 4003
 or scan and email to:
 reception@warwidowsqld.org.au
 Ph: 07 3846 7706



The constitution of Australian War Widows Queensland states Associate Members are persons whose interests are in accordance with the aims and objectives of the company. Applications for Associate Membership are subject to approval by the Board and must complete the below:

ASSOCIATE MEMBERSHIP NOMINATION FORM

Each nomination is to be signed by a nominator and a seconder who are financial members of Australian War Widows Queensland (AWWQ)

NOMINATOR

I (NAME) _____ Member Number _____

and **SECONDER**

I (NAME) _____ Member Number _____

being financial members of Australian War Widows Queensland, nominate and second:

NOMINEE
(NAME) _____ Member Number _____

as an associate member with AWWQ

I, _____, accept nomination as an Associate Member of AWWQ.

Why would you like to become an Associate Member of AWWQ?

Signature of Nominated Associate Member

Date

Nominator's Signature

Date

Secunder's signature

Date

