AUSTRALIAN WAR WIDOWS QUEENSLAND

MEMBERSHIP APPLICATION

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?			☐ Yes ☐ No
Do you have a Enduring Power of Attorney?	☐ Yes ☐ No	If yes, please provide contact details	
Would you like to tell us of any conditions that may require support? If yes, please specify	☐ hearing impairment ☐ visual impairment ☐ learning impairment (eg: dyslexia) ☐ mental health (eg: depression) ☐ mobility challenge (eg: walker, wheelchair necessary) ☐ cognitive impairment (eg: Alzheimers) ☐ allergies ☐ other _____		
Emergency Contact Name		Phone	
Do you have a DVA Gold Card?	☐ Yes ☐ No	If yes, number If no, see page 3	
Are you registered with myagedcare?	☐ Yes ☐ No	If yes, level	
Are you a current member of AWWQ?	☐ Yes ☐ No	if yes, number	
Are you a War Widow?	☐ Yes ☐ No	Are you a Veteran?	☐ Yes ☐ No
Are you a Family Carer?	☐ Yes ☐ No	Do you have a Carer?	☐ Yes ☐ No

Arm of defence YOU served	☐ Air Force ☐ Navy ☐ Peace-keeping forces ☐ Army ☐ Reserves
Arm of defence FAMILY MEMBER served	☐ Air Force ☐ Navy ☐ Peace-keeping forces ☐ Army ☐ Reserves
Location of Service	☐ Afghanistan ☐ East Timor ☐ Gulf War ☐ Indonesian-Malaysia Confrontation ☐ Iraq War ☐ Korean War ☐ Malaysian Emergency ☐ Non Operational ADF Service ☐ Occupation of Japan ☐ Peacekeeping Operations ☐ Vietnam War ☐ World War I ☐ World War II ☐ Other _____

What services are you likely to require from AWWQ?	☐ General Support ☐ Referrals to other organisations ☐ Accommodation ☐ Information about myagedcare or DVA ☐ Advocacy for a specific issue ☐ Meet new friends and socialise ☐ Join events ☐ Volunteer

Do you have a pacemaker?	☐ Yes ☐ No
Would you like to receive the AWWQ Bulletin in the post?	☐ Yes ☐ No
Are you ok with appearing in group photos at events? (often put in Bulletin or on Facebook)	☐ Yes ☐ No
Are you ok for AWWQ to give your contact details to your local Regional Group Coordinator or President?	☐ Yes ☐ No
Do you live in a Aged Care Facility?	☐ Yes ☐ No
Do you live in a Retirement Village?	☐ Yes ☐ No
Have you read our Privacy Policy?	☐ Yes ☐ No
Have you read and agree to abide by the AWWQ Code of Conduct?	☐ Yes ☐ No
Would you like to purchase a Kookaburra badge for $5?	☐ Yes ☐ No
Would you like to purchase a name badge for $15?	☐ Yes ☐ No
If you would like a name badge, would you prefer a magnetic or pin backing?	☐ Magnetic ☐ Pin

If you have not already paid for your $25 membership fee, how do you wish to pay? Please tick one option below:

☐ Credit Card	Name on Card: Card Number: Expiry Date:
☐ Cheque	Please make cheque out to Australian War Widows Queensland
☐ 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	

Return completed form to postal address:
PO BOX 13604 George Street Post Shop Brisbane QLD 4003
or scan and email to:
admin@warwidowsqld.org.au

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)_____

as an associate member with AWWQ

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

To support your application AWWQ requires you to provide in writing a brief description of how you are involved with the organisation, and how you intend to support and participate in our activities and events if accepted as an Associate Member. If necessary, please add an additional page for supporting documents.

_____

_____

_____

Signature of Nominated Associate Member

_____

Date

_____

Nominator's Signature

_____

Date

_____

Seconder's Signature

_____

Date

_____