



# VIETNAM VETERANS ASSOCIATION OF AUSTRALIA

Forward this form, together with copies of your discharge documents to the closest sub Branch of the VVAA. Contact them for subscription details.

## APPLICATION FOR MEMBERSHIP OR RENEWAL

Membership is subject to qualification and ratification

Personal Information	Service Information
Surname	Service Number
Postnominals	<input type="checkbox"/> RAN <input type="checkbox"/> Army <input type="checkbox"/> RAAF <input type="checkbox"/> Other (specify)
Given Names	Enlistment Date
Date of Birth	Discharge Date
Postal Address	Discharge Certificate No
Residential Address (only if different)	War Service:
	Area Unit
	From To
	Area Unit
	From To
	Area Unit
	From To
Contact Details	Optional Information
Home Work	DVA File Number
Fax Mobile	Pension Rate
eMail	
Next of Kin	
Name	
Relationship	
Address (only if different)	
	Signature Date
<b>Office Use Only</b>	Amount tendered \$
Discharge Certificate or other proof of service sighted <input type="checkbox"/>	Method of payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order
Signature	Official receipt number
	Date