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

Honour the dead, but fight like hell for the living