



WRANS – NAVAL WOMEN’S ASSOCIATION (ACT)



Membership Application

Surname: Given Names:

Ms/Mrs/Other: Maiden Name:

Previous Name/s:

Residential Address:

Suburb: Post Code:

Postal Address:

Suburb: Post Code:

Telephone:Home: Mobile:Work:

Email:

Date of Birth: Occupation:

Naval Service:

Joined	Discharged	Rank	Service No.	Notes

Postings:

Ship/Establishment	From	To

Privacy

The WRANS – Naval Women’s Association (ACT) is committed to the privacy of your personal information supplied on this form.

Use and disclosure of personal information

I consent to the information provided in this application being used to keep me up to date on activities of the WRANS – Naval Women’s Association (ACT)

I declare that the above information is true and correct. If accepted as a member I agree to uphold the Rules of the Association.

Applicant's Signature:

Date:

If a member of the Canberra Southern Cross Club please provide Membership Number

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Please forward completed application form with Joining Fee \$10.00 plus annual fee \$20.00 to:

The Secretary
WRANS – Naval Women’s Association (ACT)
PO Box 450
Erindale ACT 2903

Or

By completing electronically and sending to Treasurer@wransact.org

A bank transfer can be made to Bendigo Bank. Branch No 633 000 Account No 120 827 027

For Office Use:

Application Received:

Fees Paid:

Receipt No: Membership Card No: