



**APPLICATION FOR MEMBERSHIP & MEMBERS PARTICULARS**

The Secretary  
 6 RAR Association  
 PO Box 225  
 Red Hill Qld 4059  
[secretary@6rarassociation.com](mailto:secretary@6rarassociation.com)

Surname:..... Post Nominals: ..... Army No: .....

Given Names: ..... Nickname: ..... Wife/Partner Name: .....

Address: .....

.....Postal Code: .....

Email Address and Phone Numbers: Email:.....

Home: ..... Work:..... Mobile:.....

During what years did you serve with 6 RAR? .....

In what companies did you serve? .....

We need to associate you to a single company, which would you choose? .....

You are encouraged to purchase a **6 RAR Association lapel badge and name tag** and **subscribe to our Newsletter, “Stand To”** Please use the forms attached

**Herewith I have enclosed a cheque/money order in the amount of \$.....or please debit this amount to my Credit Card as follows:**

**:- Note: A 3% surcharge will be added to credit card payments to cover our processing charges.**

**Card No:**

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Expiry Date

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CVV

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**Name on**

**Card:** .....

**Card Holders Signature:** .....

# 'Stand To'

The Secretary  
6 RAR Association  
PO Box 225  
Red Hill Qld 4059



I wish to subscribe to STAND TO until June 2020 ( 4 issues per year) now \$ 55.00  
and also make a donation to help defray administration costs.... \$ .....

**Total \$ .....**



Please complete the section below so we can record your details

NAME: .....  
*Surname* *Given names*

WIFE or PARTNERS NAME: .....

ADDRESS: .....

POST CODE: ..... HOME PHONE: ..... MOBILE: .....

Email Address: .....

Do you agree to receiving Association emails considered of interest to our members?    
YES NO

YEARS OF SERVICE with 6 RAR..... COMPANY YOU MOST IDENTIFY WITH .....  
*(eg. 1999-2005)* *(One only)*

DEPLOYMENTS IF ANY: .....  
*(eg. East Timor, Iraq, Solomons, Singapore, Vietnam, Afghanistan etc)*

**Herewith I have enclosed a cheque/money order in the amount of \$..... or,  
please debit this amount to my Credit Card as follows:-**

**Note: 2% surcharge to cover bank costs will be added when processing**  
*(tick appropriate box)* Mastercard  Visa

Card No  

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Expiry Date CVV  

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**Name on Card:** .....

**Card holders Signature:** .....