



APPLICATION FOR ASSOCIATE MEMBERSHIP & MEMBERS PARTICULARS

The Secretary
 6 RAR Association
 PO Box 225 Red
 Hill Qld 4059
secretary@6rarassociation.com

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

Given Names: Nickname: Wife/Partner Name:

Address:

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

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

Home: Work: Mobile:

What is your relationship to the 6 RAR full member?

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 \$.....payable to 6 RAR Association or please debit this amount to my Credit Card as follows:

:- Note: A 3.5% surcharge will be added to credit card payments to cover PayPal charges.

Card Details:

☐

Visa

☐

Mastercard

Card Number

Expiry Date

CVV

Name on Card :

Signature: