

## 6 RAR ASSOCIATION MEMBERSHIP &/OR NEWSLETTER SUBSCRIPTION FORM

Please Tick or Cross the appropriate box/es.

www.6rarassociation.com

Membership of the 6 RAR Association is FREE to all who serve in or served with 6 RAR (posted or attached) and their families, the only 'fee' is if you Subscribe to the Association Newsletter, Stand To, and those fees are provided below.

By submitting this Membership Form to the 6 RAR Association, you agree to receive mail from the Association and to abide by the Association Rules and By-Laws.

NAME:														
(Given Name)						(Surname)						Post Nominals		
MEMBERSHIP CATEGORY:		OI	RDIN	ARY MEN	MBER	tick	O R	ASSOCIAT			TE MEMBER		tick	
		All who	o served	l in or were attach	ched to 6 RAR			Family members/relatives of those who served in			red in 6 RAR			
This information a	Association &	& Battalion news, social activities and veteran related information.												
POSTAL ADDRES	SS:													
TOWN: STATE:POSTCODE:														
HOME PHONE:MOBILE PHONE:														
EMAIL ADDRESS	S:													
DATE OF BIRTH:SPOUSE/PARTNERS NAME:														
						I								
	ry Membei	Associate Member:												
6 RAR SERVICE			provided as much of the following info as possible			Please write the name of the person/relative who served in 6 RAPLUS as much of the following info as possible							R	
Years in 6 RAR:			C	Coy/Pl:				<b>Deployments:</b>						
(65-70			etc)		(A Coy /Tpt	PI/Mor Pl)				Ie, Vietnam, RCB, Timor, Iraq etc				
NEWSLETTER SUBSCRIPTION (NOT ESSENTIAL):														
Subscribe to Stand To for a total cost of:					By Email (PDF) @				tick	0	By Post @ \$120 for		tick	
(4 copies j	\$100 for the full period						R   the full period							
					<b>PAYM</b>	ENT	Γ							
Newsletter Subscription \$		_   +	. Id	donate \$	to the 6 RA						TOTAL	AL   \$		
Subscription					the Association to have no membership fees.)					0				
Cheque/Money Order Payable to the 6 RAR Association					Bank deposit or EFT:					R	Ci cuit Caru			
(BSB 124-185	Account	Numbei	r 10163	3894 Name: 6	RAR Assoc	iation.	(Dep	osit Refe	erence = Su	ırname/	postcode/ST, e.g. 'B		').	
Card Number:														
A 3.5% surcharge will be added to											(expiry date)	(CVV)		
the total.														
(Name on Card) (Signature)														
			,		Complete, 1	please 1	retu	rn to:			,			
BY POST TO: (Al		ts)		-	BYE	MAIL	TO	: whee			mail.com			
Mr, Allan Whelan 6 RAR Association, PO Box 225, Red Hill Qld 4059						se remember: To scan & save your file before emailing.								
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