**EX-PRISONERS of WAR and RELATIVES ASSOCIATION (VICTORIA) INC.**



**Membership Application Form**

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| **Membership Details:** |
| Name and preferred title (Mr, Mrs, Ms, etc.):*(Please use separate form for each member)* |  |
| Phone Numbers: | Work: |  |
| Home: |  |
| Mobile: |  |
| Address: | Street: |  | Suburb:  |  |
| State:  |  | Postcode: |  |
| Email address:  |  |
| Membership Type: | Ex-POW [ ]   | Wife or Widow [ ]  | Relative [ ]  | Supporter [ ]  |

Contact the office if you have difficulties. **Payment must accompany your application.**

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| Details of POW/Ex-POW (to be completed by Ex-POW’s, Wives, Widows and all Relatives. Interested Supporter applicants do not have to complete unless they knew an Ex-POW or Widow) |
| Full Name: |  |
| Service Number: (if known) |  | Rank (if known): |  |
| Unit (if known) |  |
| Area held POW: |  |
| Your relationship: |  | Date of Death (if applicable) |  |

**I understand that payment of $30 is required to join the Association which is an annual membership fee..**

**Payment Options:**

[ ]  **Cheque:** enclose a cheque payable to “Ex-POW & Relatives Association (Vic) Inc.”

[ ]  **Direct Deposit**: deposit $.................. into the following account:

BSB: 083347 Account Number: 515188671 Account Name: Ex-POW & Relatives Association (Vic) Inc. Quote your **surname** in the transaction reference.

Post or email the completed form to:

**Ex-Prisoners of War & Relatives Assoc. Office Location: 8th Floor**

**PO Box 2, Flinders Lane PO 1 Elizabeth Street**

**MELBOURNE VIC 8009 MELBOURNE 3000**

expowra@bigpond.net.au **Telephone: 03 9629 5365**