



"Dedicated to Digger Heritage"

FAMILIES AND FRIENDS OF THE FIRST AIF Inc (FFFAIF)

(Incorporated under the Associations Incorporation Act 2009) ABN 67 473 829 552

Membership Application Form (Clause 3 (1))

FAMILY MEMBER – AUSTRALIA

[SINGLE, CORPORATE or OVERSEAS APPLICANTS use Form A, Form O or Form OF]

www.ffaif.org.au

email: membership@ffaif.org.au

Ph: 0401 467 819

PLEASE PRINT USING A BLACK PEN IN ALL CAPITAL LETTERS

FORM F – AUS Family ONLY
If more than 2 members, please use a 2nd form.

Office use only
Member # issued
.....
Date processed
.../.../201...
DGRs rec'd
.....
Receipt #:
.....
W.L; C.S;
L.P; T.Info.

[1st Member] I, (Title) (First name)..... (Second name).....
(Surname)..... (Post nominals)and

[2nd Member] I, (Title) (First name)..... (Second name).....
(Surname)..... (Post nominals)

OF (Address – Please Print).....

(Suburb/Town/City)

(State)

(Postcode)

(1) Occupation: Mobile:/...../.....

(2) Occupation: Mobile:/...../.....

Phone: Fax:
(Area code) (Number) (Area code) (Number)

Email address: (Please Print).....

HEREBY APPLY to become members of the above named incorporated association. In the event of our admission as a member, we agree to be bound by the constitution of the association for the time being in force, available on the website.

1st Applicant

SIGNATURE Date .../.../20....

2nd Applicant

SIGNATURE Date .../.../20....

[Committee will complete proposer / seconder if no FFFAIF members are known to the applicants]

Proposer : I, a member of FFFAIF, nominate the applicants for association membership.

Signature Date/...../20.... Member No

Seconder: I, a member of FFFAIF, second the nominations of the applicants.

Signature Date/...../20.... Member No

Subscriptions payable in Australian Dollars ONLY before 1 July each calendar year (Membership year is July to June) and are subject to change without notice. **Payment** by direct deposit (ANZ), cheque, money order or cash only.

Bank details: BSB 012-402; **Account Name:** Families & Friends of the First AIF Inc; **Account number:** 1101-42368;

Reference: "your surname – JOIN" [If bank doesn't allow use of name, please substitute your phone# or postcode as reference.]

1st member: \$50pa then \$30pa each additional member. **Concessions:** 1st member \$40pa then \$20pa each additional member.

The John Laffin Travel Scholarship Prize (ABN 49 207 476 906) is a Charitable Trust Fund providing scholarships in the field of Australian History with major emphasis upon the participation of Australians in the Great War of 1914–1918. If you wish to make a donation to the Fund, please enter the \$ amount below and add this amount to your membership subscription.

Amount \$ Gifts over \$2 are tax deductible under Section 30-15 of the Australian Income Tax Assessment Act 1997.

Should you have a **specific** interest (person or unit) in the First Australian Imperial Force, The Royal Australian Navy, The Australian Flying Corps, the AN & MEF or the Australian Army Nursing Service, 1914-1918, please give details over-page. INFORMATION IS PROVIDED SUBJECT TO CONDITIONS AT BOTTOM OF **FORM B**.

Send completed application form + appropriate subscription & donation (if applicable) to:
Membership Secretary FFFAIF Inc, PO Box 4208 OATLEY WEST NSW AUSTRALIA 2223
[Please DO NOT send cash by mail]

FORM B

Biographical list of FFFAIF member's WWI relatives/friends from the RAN, AFC, AN&MEF, Aust. Army Nursing Service and Aust. Army. The information collected will be added to a database for reference by FFFAIF members and other interested parties. Please complete with as much detail as possible.

| Rank & Name | Service N ^o | Enlistment Unit | Other Units |
|-------------|------------------------|-----------------|-------------|
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This database may be displayed on our website and/or published once a year in booklet form for use as a research tool.

PRIVACY: Apart from your FFFAIF Member Number, **please only fill in details that you are willing to have published to allow contact by other FFFAIF members.**

Individual member's personal contact details will not be included on our website. Initial contact will be made through FFFAIF email address.

If non members seek member's contact details, we will contact that member before passing on any information.

Permission to Publish Membership List

FFFAIF, in accordance with its Rule 7, is required to maintain a Register of Members' names, addresses and date of joining, that may be inspected by Members, and Members may obtain a copy of any part of the Register (for a fee). FFFAIF only uses this information for the purposes of furthering the objectives of the FFFAIF and does not provide this information to other organisations (except if required to by law). To facilitate interaction between Members, the FFFAIF Committee is considering making a **List of Members** available for circulation to Members. In accordance with the *National Privacy Principles*, the FFFAIF Committee is seeking your consent to collect **your personal information** for inclusion in a List of Members. If you decide to add your details to the list and later change your mind, you may 'opt out' at any time by advising FFFAIF in writing. You must be financial for your details to be included in the list. If this form is not returned or if there is no preference selected or the selection is unclear, NO information will be included in the list.

Please indicate your preference by circling one of the 2 options below and initialling your choice:

Option 1 – NO information. Please circle and initial [1st member] _____

Option 1 – NO information. Please circle and initial [2nd member] _____

Option 2 – Basic location identified as shown below. Please circle and initial _____

| | | | | | | |
|---------------------------------|-------------------|------------|-------------|-------------|----------|-------|
| Option 2 1 st mbr | Membership No. | First name | Family name | Suburb/Town | Postcode | State |
| Option 2 2 nd mbr | Membership No. | First name | Family name | Suburb/Town | Postcode | State |