



"Dedicated to Digger Heritage"

www.ffaif.org.au

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Ph: +61401 467 819

PLEASE PRINT USING A BLACK PEN IN ALL CAPITAL LETTERS

FORM OF – Overseas Family ONLY

If more than 2 members, please use a 2nd form.

Office use only
Member #
issued

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 – OVERSEAS

[ALL other AUSTRALIAN or OVERSEAS APPLICANTS use Form A, Form O or Form F]

.....
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 (Postal Address – Please Print)

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

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

Phone: Fax:
(Country code) (Area code) (Number) (Country code) (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 **2nd Applicant**
SIGNATURE **Date** .../.../20.... **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 can be made by PayPal (preferred method) or Credit Card. Please circle choice and complete the Payment Form.

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

Plus an additional \$10 postage per Family Membership is payable.

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 \$

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

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	Postal Address	Country
Option 2 2 nd mbr	Membership No.	First name	Family name	Postal Address	Country

FFFAIF Inc Membership Subscription Payment Form

PAYMENT of Fees and Donations are accepted using PayPal (preferred method) or Visa or Mastercard.

To pay using **PayPal** simply log on to your PayPal account

and select the *Send Money* tab and use the email address secretary@fffaif.org.au to make your payment.

Don't have a PayPal account? It's easy to set one up. Simply go to www.paypal.com and follow the instructions.

OR

To pay by credit card please complete the following form below and email to secretary@fffaif.org.au or post to:

The Secretary
 FFFAIF Inc
 P.O. Box 4208
 Oatley West
 NSW 2223
 Australia

NAME (on card): [Please print]		
ADDRESS: (Billing)		
	Zip or Post Code	
COUNTRY		
TYPE OF CARD (Please circle)	VISA	MASTERCARD
CREDIT CARD NUMBER		
EXPIRY DATE	/ 20 <i>Month Year</i>	TOTAL = Membership Fee + \$10 p&h = AUS \$ _____
SIGNATURE		