

**MEMBER INFORMATION FORM**

7/2006

SURNAME:		
FIRST NAME:		
STREET:		
SUBURB:		
POST CODE:		
HOME PHONE:		EMAIL:
MOBILE PHONE:		WORK PHONE:
OCCUPATION:		
DATE OF BIRTH:		
SERVICE NO:		
DISCHARGE NO:		
RAS BADGE NO:		
LAST UNIT SERVED:		
RANK OF DISCHARGE:		
SERVICE HISTORY AND CAMPAIGN MEDALS	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
<b>MAILING ADDRESS</b> (If different from above address)		
STREET:		
SUBURB:		
POST CODE:		
<b>NEXT OF KIN DETAILS</b> Living with member (yes) (no)		
SURNAME:		
FIRST NAME:		
RELATIONSHIP:		
STREET:		
SUBURB:		
POST CODE:		
PHONE:		