



AUSTRALIAN BRAVERY ASSOCIATION

MEMBERSHIP APPLICATION

OFFICE USE ONLY Membership Number:

Received:

Approved:

Family Name: Postnominals (if applicable):
Given Names: Preferred Name: Title:
Address:
Suburb: State: Postcode:
Home Phone: Work: Mobile:
Email Address:
Occupation/Employer:
Date of Birth: Award received:
Date of Act of Bravery: Date of Investiture:
Citation (Please attach a copy):
.....
.....

Membership types (Complimentary first calendar year of membership then membership fees are due annually at the start of each calendar year):

Award Recipient **Ordinary Member**

Award Recipient **Ordinary Member** (70 years and over)

Level 1 Award Recipient **Honorary Member**

Ordinary Member Next of Kin **Associate Member**

Friend of the Australian Bravery Association

☐ Fee waived for first calendar year

☐ Membership fee waived

☐ Fee waived for first calendar year

☐ Fee waived for first calendar year

☐ Fee waived for first calendar year

I do hereby apply to become a member of the Australian Bravery Association Inc. In the event of my admission as a member, I agree to be bound by the rules of the Australian Bravery Association for the time being in force. The information I have supplied is a true and correct account and is available, on a strictly confidential basis, to authorised persons in the Australian Bravery Association Inc. (The Association) for the purposes of the Association only.

Signature of Applicant: Date:

I, (name of member and membership number)
being a financial member of the Association hereby nominate the Applicant for membership of the Association.

Signature of Proposer: Date:

How do you wish to receive ABA newsletters?

☐ Australia Post

☐ Email

How did you become aware of the Australian Bravery Association?

☐ Investiture

☐ ABA Website

☐ Other (please specify)

Complete Membership Application form to be mailed to:

Roy Ferguson
National Secretary & Membership Secretary / Treasurer
Australian Bravery Association
P.O.Box 8113
Orange NSW 2800