

AUSTRALIAN BRAVERY ASSOCIATION

MEMBERSHIP RENEWAL APPLICATION

OFFICE USE ONLY Membership Number:	Received: Approved:	D/B:
Family Name:	Postnominals (if applicable):	
Given Names:	Perferred Name:	Title:
Address:		
Surburb:	State: Post	code:
Home Phone: Work:	Mobile:	
Email Address:		
Occupation/Employer:		
Date of Birth:	Award received (if additional):	
Date of Act of Bravery (if additional):	Date of Investiture (if additional):	
Citation, if applicable and additional (Please attach a copy):		
Membership types (Membership fees are due annually):		
Award Recipient Ordinary Member	\$25.00 fo	r one (1) year
Award Recipient Ordinary Member	☐ \$50.00 fo	r five (5) years
Award Recipient Ordinary Member (70 years and over)	☐ Members	ship renewal fee waived
Level 1 Award Recipient Honorary Member	☐ Members	ship renewal fee waived
Award Recipient Next of Kin Associate Member	S15.00 O	ne (1) year
Award Recipient Next of Kin Associate Member	☐ \$50.00 Fi	ve (5) years
Friend of the Australian Bravery Association	☐ \$25.00 O	ne (1) year
Life Subscription (open to all membership categories)	\$250.00 ((limited)
I do hereby apply to renew my membership with the Australian Bravery Association Inc. 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.		
I enclose the sum of \$ being for my membership renewal.		
Cheque	Cash (Do not post)	EFT
Signature of Applicant:	Date:	
How do you wish to receive ABA newsletters?	Australia Post	Email

Monies made payable to the "Australian Bravery Association" complete with membership application form are to be mailed to:

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