

Totally and Permanently Incapacitated Veterans' Association of New South Wales Limited

ABN 90 002 296 988

HEAD OFFICE:

Level 4, 55 York Street
Sydney NSW 2000

POSTAL:

GPO Box 4429
Sydney NSW 2001
Phone: (02) 9235 1466
Fax: (02) 9279 0156
1800 649 216
www.tpinsw.org.au



Charitable Fundraising Act 1991
Number CFN13744

Dear Applicant,

With reference to your application to join our Association, we will welcome you as a new member when you complete and return the enclosed application form to this office, together with your payment, a passport sized colour photograph of yourself and a copy of your Repatriation Classification letter (headed **"To Whom It May Concern"**) stating that you are a TPI. If you have not yet received your classification letter, you may send us a copy of your DVA Gold Card showing you are a TPI.

There are several membership payment options, see page 4 for details.

The payment options are inclusive of GST and cover the hire of the TPI badge, your Association plastic identity card and postage costs of our quarterly magazine. We will forward your badge and card to you upon receipt of your application form and payment.

Yours faithfully,

Sara Thorne
Membership Services Coordinator.

*Our mission is to provide our members with support in four key areas:
• Representation • Wellbeing • Camaraderie • Commemoration*

Membership Application

Totally and Permanently Incapacitated Veterans' Association of New South Wales Limited



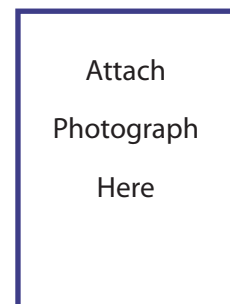
Please return this completed application form, together with your remittance, passport size photograph and a letter from DVA stating that you are a TPI or a copy of your DVA TPI Gold Card to:

TPI Veterans' Association of NSW Ltd
GPO Box 4429 Sydney NSW 2001
or visit our office at
Level 4, 55 York Street, Sydney NSW 2000
(nearest cross street is Erskine & Barrack Streets)

Plastic Membership I.D. Card

Attached is a recent photograph of myself.

Signed:



Privacy Act

The provisions of the Privacy Act require that applicants be made aware of the following:

- The purpose for which this information is required is for the Association's internal membership records.
- The information is required under Section 169(1) of the Corporations Law, Register of Members.
- The only entity to which the Association may disclose a Member's personal information is to the Member's nominated next-of-kin or the Department of Veterans' Affairs.

Surname

Other names

Street Address (PO Box no. not acceptable)

Postal Address (if different from above).....

Date of birth

Telephone/Mobile no.

Email

Full name of next-of-kin

Address of next-of-kin

Phone number of next-of-kin

Relationship to next-of-kin

Pension No.

Regimental No.

Rank on discharge

Units

Were you a member of a TPI Association or similar in another State?

If 'yes,' give State and date

I certify that the information given above is true in all respects and that the TPI Badge loaned to me is the sole property of the TPI Association. If I should, for any reason, relinquish my membership of this Association, I guarantee to return any badge and membership card, etc. to the Secretary of the Totally and Permanently Incapacitated Veterans' Association of New South Wales Limited.

Signed

Dated

Fees

There are several membership payment options as follows:

1. If your joining date falls between **January and June:**

	1 year	2 years	3 years	4 years	5 years
Subscription	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00
+ Joining Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
TOTAL	\$45.00	\$65.00	\$85.00	\$105.00	\$125.00

2. If your joining date falls between **July and December:**

	1 year	2 years	3 years	4 years	5 years
Subscription	\$10.00	\$30.00	\$50.00	\$70.00	\$90.00
+ Joining Fee	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
TOTAL	\$35.00	\$55.00	\$75.00	\$95.00	\$115.00

3. If you are joining as a **Life Subscriber:**

Subscription	\$200.00
+ Joining Fee	\$25.00
TOTAL	\$225.00

PAYMENT METHOD (Tick Box)

INTERNET TRANSFER
 CHEQUE
 MONEY ORDER
 VISA
 MASTERCARD

BSB: 082 001
ACCOUNT NUMBER: 025 402 663
 Please quote your surname and badge number in the details section of your internet payment.

CARD NO.

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EXPIRY DATE

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CVV NO.

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CARDHOLDER NAME: _____

AMOUNT: \$ _____ **SIGNATURE** _____