

ROYAL AUSTRALIAN ARMY DENTAL CORPS ASSOCIATION INC.

APPLICATION FOR MEMBERSHIP

Name: _____

Address (Home): _____

Address (Work): _____

Phone (Work): _____ Phone (Home): _____ Mobile: _____

Email: _____ Fax : _____

Preferred Title (e.g. Prof, Dr, Mr, Mrs, Ms, Military Rank): _____

Years of Military Service _____ Rank (Serving/Retired) _____

Employment Stream in RAADC: _____

RAADC Units Served With _____

Remarks/Comments:.. _____

I hereby apply for membership of the Royal Australian Army Dental Corps Association Inc.

Privacy Act: I DO/DO NOT (please delete that which does not apply) authorise the use of my name for social publication in Association Newsletters or Website. (No personal or private information would be released)

(Signature)

(Date)

Association Use Only

Membership proposed by: _____

Membership seconded by: _____

Membership accepted (Date): _____

Membership Card issued (Date): _____

Association Badge issued (Date): _____

Entered in Membership Register (Date): _____

Membership Number: _____

(Signature Membership Member & Date)

(Signature Secretary & Date)