

SHOALHAVEN DEFENCE FAMILIES ASSOCIATION
MEMBERSHIP APPLICATION FORM 2017 (Jan-Dec) - \$30

MEMBER DETAILS Relationship to defence **Navy/Army/Air Force/civilian** (please circle)

SURNAME _____ FIRST NAME _____

DOB _____

ADDRESS _____

PHONE Home _____ Mobile _____ Work _____

EMAIL _____

Would you like the Member's Newsletter emailed to you Y/N

Would you like the Time Out Magazine emailed to you Y/N

Are you a new member or renewing your membership New / Renewing from 2016

EMERGENCY CONTACT DETAILS

NAME _____

PHONE _____

RELATIONSHIP TO YOU _____

CHILD/REN's DETAILS

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

I/We.....the parent(s)/guardian(s) of the above named children hereby **give/do not** give **Shoalhaven Defence Families Association** permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above, taken at Kookaburra Retreat or associated events, on behalf of the **Shoalhaven Defence Families Association**, for any of the following uses: Advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes.

By signing you agree to abide by the SDFA's Code of Ethics (read hard copy or emailed)

SIGNATURE/S _____ **DATE** _____

**I have read and will abide by the SDFA Constitution and the Code of Ethics*

NON-DEFENCE MEMBER

Nominated by:

Name _____

Signature _____

Seconded by:

Name/Position _____

Signature _____

EFT payments - NAME: SDFA BSB: 012787 ACCT: 184071187 Description: MEMBERSurname

OFFICE USE ONLY

Actions EFT/Cash (receipt no) _____ Reckon _____

(Sign/date) Members list _____ Email contacts _____