

# CAMP GREGORY VETERANS RETREAT INC.

MEMBERSHIP FEE \$10.00 for five years

PLEASE COMPLETE IN BLOCK LETTERS

## MEMBERSHIP APPLICATION/RENEWAL OF INFORMATION

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
POSTAL ADDRESS IF DIFFERENT FROM ABOVE ADDRESS: \_\_\_\_\_

### MILITARY SERVICE INFORMATION

SERVICE NUMBER/PMKEYS: \_\_\_\_\_ SERVICE TYPE: \_\_\_\_\_  
ENLISTMENT DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_  
IF APPLICABLE- WAR SERVICE/OPERATIONS AND DATES: \_\_\_\_\_

### FIRST RESPONDER INFORMATION

PAY ROLL NUMBER: \_\_\_\_\_ SERVICE TYPE: \_\_\_\_\_  
ENLISTMENT DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
CITY: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

### SIGNATURE

I apply for membership to join Camp Gregory Veterans Retreat Inc. (CVGR). I agree to abide by its constitution, rules and regulations. By signing the document, I authorize CVGR to verify my stated Service or that of my partner/parent/child. I understand my details, as supplied on this form; will be kept on record by CVGR.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

PROOF OF SERVICE SIGHTED: \_\_\_\_\_ MEMBERSHIP FEE PAID: \_\_\_\_\_  
RECIPT NUMBER: \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ACCOUNT DETAILS:

NAB

CAMP GREGORY VETERANS RETREAT INC

BSB: 084-571

ACCOUNT NUNMBER: 24-251-2252