



AUSTRALIAN WAR WIDOWS (SA) INC.

Patron: Her Excellency The Honourable Frances Adamson AC
Governor of South Australia

President: Mrs. Jan Milham
Secretary: Mrs Jan Grosvenor
Treasurer: Mrs Deborah Lennard

141 Fullarton Road
ROSE PARK SA 5067
Tel: 8431 1422
Email: admin@warwidowssa.org.au

MEMBERSHIP

To apply for membership of the Australian War Widows (SA) Inc, please complete the following and return to the War Widows Office. Such information will be kept Strictly Confidential. Membership is \$25.00 if received between 1 July and 30 September, \$16.75 if received between 1 October and 31 December, \$12.50 received between 1 January and 31 March and \$6.25 if received between 1 April and 30 June. Subsequent renewals are \$25 per year with renewals due on 1 July each year. Payment can be made by cheque, direct debit or credit card.

PLEASE COMPLETE IN BLOCK LETTERS:

SURNAME..... GIVEN NAMES

PREFERRED NAME: PHONE NO:.....

ADDRESS.....

POSTCODE DATE OF BIRTH.....

Do you consent to the War Widows contacting you on your birthday?

EMAIL:

EMERGENCY CONTACT: CONTACT NO:

AUSTRALIAN
Department of Veterans' Affairs
Personal Treatment Entitlement Card

FILE NUMBER: (Located Bottom right
hand side of Gold Card)

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OR
ALLIED COUNTRIES outside Australia
i.e. Great Britain, New Zealand etc. (these
War Widows are not issued with a Treatment
Entitlement Card)

FILE NUMBER:

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1. HUSBAND'S FULL NAME

2. DATE OF HUSBAND'S DEATH () ARMY () NAVY () AIR FORCE

**3. . PLEASE INDICATE YOUR LATE HUSBAND'S AREAS OF SERVICE IF KNOWN
(e.g. WW2, Korea, Vietnam, Afghanistan etc.)**

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SIGNATURE: DATE

PAYMENT: via cheque or

Direct Debit Payment to: BSB: 105-147 Account: 195 084 440 - Reference: Your Name

**Credit Card No: _____ Expiry: ____/____ CVV: _____
(Number of back of card)**