

Call Sign VAMPIRE

1st (Aust) Field Hospital Association Inc.

MEMBERSHIP APPLICATION

Patron: MAJGEN David G. Rossi AO Rtd

PERSONAL DETAILS

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DATE: / /

NAME	<input type="text"/>	DOB	<input type="text"/>
ADDRESS	<input type="text"/>		
TOWN	<input type="text"/>	STATE	<input type="text"/>
		Post Code	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>

All personal contact details provided will remain private and confidential and will not be shared without your authority.

SERVICE DETAILS

(Circle) ARMY	NAVY	AIRFORCE	Serv no.	<input type="text"/>	CORPS	<input type="text"/>
UNIT	<input type="text"/>				YEAR/s	<input type="text"/>
Active Service (if any)	<input type="text"/>					

Additional details such as job role/s during service eg. Medic, driver, Nurse etc or any other information relevant to your service (optional)

Serving with the 1AFH SVN, or its co-located units & ancillary personnel, 'is not a requirement' of Membership.

Membership is open to anyone with a common interest in the aims of the Association, such as post-Vietnam personnel of 1Fd Hosp, 1HSB and 1CHB, former patients, family members and other interested parties.

If you did not serve with the unit, please tell us, in a few words, how you came to be interested in joining the 1AFH Association.



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Membership Fees

Annual \$40.00 AUD or 5 Yearly \$160 AUD
Membership Year - April 1st to March 31st

Remittance Advice

NEW MEMBER

Please indicate

RETURNING MEMBER

Send to: The Secretary, 1st (Aust) Field Hospital Association Inc
P.O. Box 15, Albert Park, Victoria, Australia 3206

Ph: Jeff Gilbert 0409 240 238
email: je.gilbert@internode.on.net

All Cheques and Money Orders to be made payable to the the 1st (Aust) Field Hospital Association Inc

Description	Unit Price	Line Total
ANNUAL MEMBERSHIP	\$40 AUD	
5-YEARLY MEMBERSHIP	\$160 AUD	
	Subtotal	
	GST	N/A
	Total	

Credit Card Information & Authorisation

Card Type: MasterCard VISA

Cardholder Name (as shown on card): _____

Card Number: _____

Expiry Date (mm/yy): ____ / ____ CVV ____

I, _____ authorise 1 (Aust) Field Hospital Assoc Inc to charge my credit card above for agreed upon purchases.

Card Holder Signature: _____ Date: _____



1 (Aust) Field Hospital Association Inc
ABN 42 805 791 858