

**Application for Membership of Victims Of Abuse In The Australian Defence  
Force Association  
(The Voice For The Voiceless)**

I,

*(name and occupation)*

of

*(address)*

desire to become a member of **Victims Of Abuse In The Australian Defence Force Association.**

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant

Date

I,

, a member of the Association, nominate the applicant for membership of the Association.

Signature of Proposer

Date

I,

, a member of the Association, second the nomination of the applicant for membership of the Association.

Signature of Secunder

Date

\_\_\_\_\_

**(If you cannot find a nominator or seconder, please return the form any way to the Secretary who will take care of this.)**

**ADDITIONAL INFORMATION**

I would like to receive notices from the association via email (Y/N).

My email address is:- .....

Return to 2 Burnell Street, BRUNSWICK WEST VIC 3055 or email to [jennifer@adfabuse.com](mailto:jennifer@adfabuse.com) (Do not worry about nominator or seconder)