



## MCC MILITARY VETERANS GROUP - MEMBERSHIP APPLICATION FORM

### Application for Full Membership:

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ (Day/Month/Year): \_\_\_\_\_ MCC Membership # \_\_\_\_\_

Service Details: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Number/Rank/Unit) Post Nominals: \_\_\_\_\_

### Application for Associate Membership:

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ (Day/Month/Year): \_\_\_\_\_

Evidence of relationship to a former or current Defence Force member:

Rank: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ (Day/Month/Year): \_\_\_\_\_

Service Number: \_\_\_\_\_ Unit \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact phone number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_

Annual Membership Fees: Full \$10; Associate \$20. (please enclose appropriate fee)

### Proposed By:

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

MCC Photo ID Number:

Signature: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Date)

Please return form to:  
Secretary/Treasurer  
MCC Military Veterans Group  
ANZAC House, 4 Collins Street  
MELBOURNE VIC 3000