



# WAR WIDOWS' GUILD OF AUSTRALIA (QLD) INC.

PATRON OF THE QUEENSLAND GUILD  
HER EXCELLENCY MS. PENELOPE WENSLEY, AO  
THE GOVERNOR OF QUEENSLAND  
ABN: 50 828 137 046

State President (Interim):  
Mrs Gynith Whatmough  
Hon Treasurer (Interim):  
Mrs Helen Hill

State Secretary:  
Mr Robert Tingiri  
Financial Officer:  
Ms Julie Cole

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## APPLICATION FOR MEMBERSHIP

To apply for membership of the War Widows' Guild, please complete the following. Information will be kept **Strictly Confidential**.

Membership is \$20.00 per year and if you require a Badge, a further \$4.00 is requested.

Money Order/Cheque to be made payable to the **War Widows' Guild of Australia (Qld) Inc.**

### PLEASE COMPLETE IN BLOCK LETTERS

SURNAME: ..... Given Names .....

ADDRESS: .....

POST CODE: ..... TELEPHONE NO: ..... DATE OF BIRTH: .....

**AUSTRALIAN**  
Department of Veterans' Affairs  
Personal Treatment Entitlement Card

**FILE NUMBER:** (Located on bottom right  
hand side of Gold Card)

**OR** .....

**ALLIED COUNTRIES** outside Australia  
*ie* Great Britain, New Zealand etc  
(These war widows are not issued with  
Treatment Entitlement Card)

**FILE NUMBER:**  
.....

**SPOUSE/PARTNER'S FULL NAME** .....

### 1. Please (✓) the war/s in which your late spouse/partner served (if known):

- |  |  |
|--|--|
| <input type="checkbox"/> 1914-18 WAR                   | <input type="checkbox"/> INDONESIAN CONFRONTATION (Borneo) |
| <input type="checkbox"/> 1939-45 WAR                   | <input type="checkbox"/> VIETNAM WAR                       |
| <input type="checkbox"/> KOREAN WAR                    | <input type="checkbox"/> GULF WAR                          |
| <input type="checkbox"/> MALAYSIAN EMERGENCY           | <input type="checkbox"/> PEACEKEEPING FORCES               |
| <input type="checkbox"/> FAR EASTERN STRATEGIC SERVICE | <input type="checkbox"/> DEFENCE SERVICE                   |

2. **DATE OF SPOUSE/PARTNER'S DEATH:** .....

3. **PLEASE INDICATE YOUR LATE SPOUSE/PARTNER'S AREA OF SERVICE (if known)**  
eg. Middle East - New Guinea - POW etc.

.....  
*Your name, address & telephone number will be passed on to your nearest Guild Sub-Branch. If this is **not** acceptable, please indicate*

**I hereby apply to become a member of the War Widows' Guild of Australia (Qld) Inc. and agree to abide by the rules of the Guild.**

**SIGNATURE:** ..... **DATE:** .....

**How did you hear about the Guild?**.....

**APPLICATION FOR MEMBERSHIP - PAYMENT OPTIONS**

Membership is \$20.00 per year. If you require a Badge, the cost is \$4.00.

**TOTAL AMOUNT ENCLOSED:** .....

**PAYMENT METHOD - Please tick one**

- I enclose Cheque/Money Order payable to WAR WIDOWS' GUILD
- Please charge to MasterCard/Visa/Bankcard (please circle card type).

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**THIS SECTION TO BE COMPLETED ONLY IF PAYING BY CREDIT CARD**

The full **CREDIT CARD** Number is:

□□□□ □□□□ □□□□ □□□□

Expiry Date of Credit Card.....

Name on Credit Card.....

Address of Cardholder.....

.....Post Code.....

Signature of Cardholder.....