

SCHEDULE 13

**The Board of Directors of
The Australian Federation of Totally
and Permanently Incapacitated
Ex Service Men and Women Limited**

TPI APPLICATION FORM

SURNAME:

GIVEN NAMES:

SERVICE NUMBER:

DVA FILE NO:

(This number can be obtained from any letter from the Department of Veterans' Affairs)

ADDRESS:

.....POST CODE:

POSTAL ADDRESS:.....

.....POST CODE:

EMAIL ADDRESS.....

DATE & PLACE OF BIRTH:TELEPHONE NO:

NEXT OF KIN:(RELATIONSHIP).....

ADDRESS OF NEXT OF KIN:

.....

DVA PENSION NUMBER:.....SERVICE NUMBER:.....

BRANCH OF SERVICE:.....UNITS SERVED:.....

DATE OF ENLISTMENT:.....DATE OF DISCHARGE:.....

PLACE/STATE OF ENLISTMENT:.....ON DISCHARGE:.....

Were you a member of a TPI Association or similar Association in any other State or Territory? Yes/No (strike out which does not apply)

If "yes", give the Association Name, State/Territory, date joined, date left or resigned and badge number:

.....

SIGNATURE:DATE:

(Office use only)

D.V.A. authorization (letter or Gold Card) Sighted by: Name.....

.....

Title:Signature:

D.V.A. File Number

Committee: Approved / Not Approved Date:

TPI Badge Number:Membership Card issued: Yes / No

Receipt Number:Index Card File Completed: Yes / No

Computer Records updated Yes / No

PRIVACY ACT

The provisions of the Privacy Act require that applicants be made aware of the following:

- The purpose for which the following information is required is for the Association's internal membership records.
- The information is required pursuant to the Corporations Act under the heading Register and Index of Members.

- The only entity to which the Association may disclose a member's personal information is to the member's next-of-kin or the Department of Veterans' Affairs.
- If you do not wish your personal details to be released to a third party, then please mark the box with an X

SIGNATURE:DATE: