



PO Box 660 Freshwater NSW 2096
ABN: 17293869688

APPLICATION FOR MEMBERSHIP

I wish to apply for Membership of the Gallipoli Scholarship Fund Inc:

FULL NAME: (Mr/Ms/Mrs) _____

Address _____

PHONE NO: (Work): _____ Mobile: _____ Fax _____

(Home): _____ Email: _____

Preferred Address for mailing: Home: Email

Personal Information:

Date of Birth _____

Are you an RSL or services club director/member or RSL Sub Branch member

If so Club/Sub Branch: _____

Donor

Former Scholarship recipient

Signed: _____

Date: _____

Gallipoli Scholarship Fund Inc

Graeme Carroll

Secretary

Mobile: 0412 188 097

Email: secretary@gallipolischolarship.com.au

Website: www.gallipolischolarship.com.au

Office use only:

Date received:

Executive Meeting Approved: