

Notification of Welfare Request

(Please brief a friend or relative re this form and your wishes)

Email the details of the request to: **welfare@artillerynsw.asn.au**

OR cut out, complete and forward the following form to:

Mr Paul Vanderveer
Hon Welfare Officer
RAA Association (NSW) Inc
PO Box 760
CHERRYBROOK NSW 2126

Please be aware of the following change in circumstances:

Please circle the nature of the notification:

HEALTH HOSPITALISATION DEATH ACCIDENT

OTHER: _____

Brief particulars are:

Surname: _____

Given Names _____

Address for correspondence/card:

Property Name _____

Street _____

SUBURB _____

STATE _____ **POSTCODE** _____

When the report is lodged on behalf of the member, please complete the following:

Reporting person: _____

Phone: _____

Relationship: **Relative** **Friend**

Website proforma 1402

Cut off and return this slip:

Notification of Change / Update of Member Information

Please cut out, update and forward to:

RAA Association (NSW) Inc
GPO 576
SYDNEY NSW 2001

OR

email response to: **gunfire@artillerynsw.asn.au**

Please update the Association's records to reflect the following changes:

Surname: _____

Given Names _____

Service Rank _____

Decorations _____

Address for correspondence:

Property Name _____

Street _____

SUBURB _____

STATE _____

POSTCODE _____

Phone: _____

Fax: _____

Email: _____

Preferred title on correspondence: _____ (Our policy is to address all as Mr or Ms)

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