



## Association of Independent Retirees (A.I.R.) Limited A.I.R. Membership Application Form

ACN 102 164 385

1 July 2018 - 30 June 2019

*New members get bonus months April to June for July 2018-June 2019*

**Liability** – Please note that A.I.R. is a company limited by guarantee, and, in the unlikely event of being wound up, liability is limited to \$2 per member.

**I / We** wish to apply for membership of the Association of Independent Retirees (A.I.R.) Limited as a branch member/s **or** National Online Member (*Circle one*) and agree to be bound by its Constitution.

Print Name (*Applicant 1*): \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name (*Applicant 2*): \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Select Branch \_\_\_\_\_

Annual Fee            Single \$58    Couple \$84

**Select Payment Method:** (*Circle one*)    Cheque / Money Order / Cash (only at local Branch meetings)

Please return the completed form to a local branch meeting or Post to:

THE A.I.R. TREASURER, National Office,

PO Box 37, BULL CREEK WA 6149

Enquiries Phone 07 3012 6470

- + **Protecting your Privacy** - A.I.R. acknowledges and respects members' right to privacy. A.I.R. is committed to the responsible handling of all information collected in compliance with our obligations under the [Privacy Act 1988](#).
- + **Online Members** - Applications for online members **must** provide an email address.
- + **Electronic Communication** - This is the preferred method of communication.

Item	Applicant 1	Applicant 2
Title ( <i>Circle</i> )	Prof / Dr / Mr / Mrs / Ms / Miss / Other _____	Prof / Dr / Mr / Mrs / Ms / Miss / Other _____
Preferred Name		
Gender ( <i>Circle</i> )	Male / Female	Male / Female
DOB <b>or</b> Year of Birth	(Optional)	(Optional)
Physical Address	No                      Street	Locality
	State                      PC	
Postal Address ( <i>or write 'Same'</i> )	PO Box                      Locality	
	State                      PC	
Landline Phone No		
Mobile Phone No		
Email address		
Your Special Skills ( <i>Optional</i> )		
Special Interest Groups ( <i>Circle</i> )	SMSF / RVAG	SMSF / RVAG
	SMSF=Self Managed Super Fund; RVAG=410 Retirement Visas Advocacy Group	
Annual Report ( <i>Circle</i> )	Email / Post	

**OFFICE USE ONLY**

\* Record the actual date paid.

Date *	Receipt No	Amount Paid
/ /		\$

Subscription for year 1 July 2018 - 30 June 2019