



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

ACN 102 164 385

--**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** member/s-at-large (*Circle one*) and agree to be bound by its Constitution.

Annual Subscription - Member Categories: (*Circle one*)

Period: 2017-2018 Single (\$56) Couple (\$82) Single Associate (\$56) Couple Associate (\$82)

Payment Details: (*Circle one*) Cheque Money Order Cash (at Local Branch Meetings)

Print Name (*Applicant 1*): _____ Signed: _____

Print Name (*Applicant 2*): _____ Signed: _____

Date: _____ / _____ / _____

Please return the completed form, cheque, money order (cash to your Local Branch only) to:

Your Local Branch (Preferred method). See website – www.independentretirees.com/index.php/divisions-and-branches-list **OR**

Send to: National Secretariat, PO Box 329, Deakin West ACT 2600

OR Email to: Secretariat, aircbr@bigpond.com (If you need further information, phone 02 6290 2599 or your Local Branch)

- **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](#).
- **Members-at-Large** - Applications for member-at-large must provide an email address.
- **Electronic Communication** - This is the preferred method of communication.

Please provide the following details (*Please print clearly. Write 'Same' where applicable*)

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 or 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 / BOOM / RVAG / CSDFSG	SMSF / BOOM / RVAG / CSDFSG
	SMSF=Self Managed Super Fund; BOOM=Baby Boomers Group; RVAG=410 Retirement Visas Advocacy Group; CSDFSG=Commonwealth, State & Defence Forces Superannuants Group	
Annual Report (<i>Circle</i>)	Email / Post	

SECRETARIAT or BMO USE ONLY

* Record the actual date paid.

Date *	Receipt No	Amount Paid
/ /		\$