

AUSTRALIAN WORLD WAR ONE DESCENDANTS Inc.
(AWWOD)

Descendants of Australian World War One Service Personnel
Family Membership Renewal Form

Office use only

Member # issued

Date processed...../...../20.....

ELIGIBILITY TO MARCH: As set down by the SYDNEY ANZAC DAY MARCH COMMITTEE in the March/April edition of 'REVEILLE' 2004 and reproduced in item (1) below.

(1) League policy, which allows personnel to participate in the march, is that they must be members of, or eligible to join the R&SL. **ONE RELATIVE** of a deceased or disabled relative, wearing the relative's medals on the right breast, will be allowed to march with the relative's unit, with the permission of the unit. Children are not permitted to accompany marching personnel.

(2) As there are no longer any members of Units from WW1, we have been given permission to form up and march as "Australian World War One Descendants".

(The clear intention is that **medals are not to be split up**. Only **one descendant** may march, representing the deceased or disabled relative. The March Committee are happy to allow responsible children over 10 to march, provided they march without an adult.)

PLEASE PRINT USING BLACK PEN IN ALL CAPITAL LETTERS

Title _____ Last Name _____ First Name _____

Middle Names _____

Address _____ Suburb _____ PostCode _____

Contact Phone No. _____ Fax No. _____ **D.O.B** (under 18 only) _____

Please include area code if not a mobile number

E-mail address _____

Family Member's Names (First & Last) 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

Full Name and Service No. of person you are representing. _____

Subscriptions are due in April each year: **COST** - Family \$10

By signing below, I acknowledge I have read and understood the above items (1) & (2), and as a member of Australian World War One Descendants Inc., I agree to be bound by the rules of the association for the time it is in force. I also acknowledge that I have no claim against the Australian World War One Descendants Inc. or its committee for any personal injury or vehicle damage while attending AWWOD events.

Signature/Guardian (if under 16) _____ date _____

When complete please post or email to;

Arline Ronsisvalle, Secretary AWWOD,
1/121 Anzac Ave, ENGADINE NSW 2233
Email:arlineronsisvalle@bigpond.com