Victorian Truck Drivers Memorial Application Form
(an initiative of the Creative Ministries Network)

Details of Person Nominated:

First Name:		Last Name:	
Nickname: (optional)			
Date of Birth:	_____ / _____ / _____ Day Month Year	Date of Death:	_____ / _____ / _____ Day Month Year

Details of Applicant:

First Name:		Last Name:	
Address:		Home Phone:	
Suburb:		Work Phone:	
State:			
Postcode:		Mobile Phone:	
Relationship to Nominee:		Email:	

Brief history of nominee – detailing experience/history in the transport industry.

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I, _____ (Applicant) have permission to provide details of _____ (Nominee)
for listing on the Victorian Truck Drivers Memorial, located in Alexandra, Victoria.
Signed: _____ Date: _____

Please mail this form to:

Victorian Truck Drivers Memorial
P.O. Box 8265
Armadale, VIC, 3143

For phone enquiries, please contact Bette Phillips on 0409 788 883

For inclusion on the online version of the memorial, please email a photo of the nominee to victoriantruckdriversmemorial@hotmail.com in addition to completing and submitting this form.