

Australian Truck Drivers' Memorial Inc

APPLICATION FOR INSCRIPTION OF DECEASED DRIVER

(On the application form following this page please print clearly and complete all sections)

- The Australian Truck Drivers Memorial is a non profit organisation run by a committee of volunteers from the transport industry.
 - The committee's role is to maintain the upkeep of the Memorial Wall, maintain the database and process applications when received.
 - The committee also organises an annual Memorial Service at Tarcutta in October for family and friends of those on the wall, followed by an evening of entertainment.
 - The provision and maintenance of the Memorial Wall relies on donations from transport industry supporters and suppliers as well as donations from families and friends of those on the wall.
 - The Memorial Wall was originally set up for drivers who lost their life in a truck accident, however over the years applications have been accepted for industry icons and drivers who have passed away from illness or natural causes.
 - Due to this the committee has seen the need to expand the wall to service that need and the wall will now have three sections –
 1. Driving/Work related Accident or Death
 2. Industry Legend/Icon
 3. In Memory Of
1. For all drivers who have been killed or died as the result of a truck accident, or died on the job/at work.
 2. For those industry identities who have dedicated many years of their life to the betterment of the transport industry.
 3. For long term drivers, ex drivers who have passed away from illness or natural causes.
- Donations: Any donation you are able to include with your application will be gratefully accepted – no matter how large or small.
 - Cheques to be made payable to “ The Australian Truck Drivers Memorial Inc”
 - A receipt will be issued

APPLICATION FORM

IMPORTANT NOTES:

1. It is important for the applicant to inform next of kin, other family members and friends of this inscription, as only the contact person listed on this application will receive correspondence from the ATDM. We would encourage applicants (if not family) to also have a family member provide contact details to ensure they receive their personal invitation to the Memorial Service
2. Truck drivers who die as a result of an accident or a work related death are automatic inscriptions and the applicant need do nothing else but to complete this form.
3. Drivers and ex drivers who are deceased from illness and natural causes, if accepted will have their name placed on a separate portion of the wall under the heading of "In Memory Of".
4. A fee of \$200.00 will apply to all applications not related to a work/driving accident or death.
5. The three sections of the wall are to be – 'Driving/Work Related Accident or Death', 'In Memory Of' and 'Industry Legend/Icon'.
6. The ATDM committee will make the final decision about which category applications belong to and position/placement on the wall.
7. The ATDM Committee reserves the right to enquire into any application and to accept or dismiss applications at their discretion.

After completing this form, please ensure everything is signed, including the J.P. section and return by fax to 02 6041 2155 or by post to:

ATDM "Administration"
PO Box 1092.
LAVINGTON NSW 2641.

Family/Next of kin Contact Details. (If applicant is neither)

Name -

Relationship to deceased -

Address -

Phone Contact details –

Email Address -

APPLICATION FORM.

Surname of Person Nominated

Full name of Applicant

Given Names of Person Nominated

Relationship to Deceased

Nick Name (optional)

Address

Date of Birth

Phone

Home: ()

Work: ()

Mobile:

Date of Death

Was it a truck/work accident or other?

Yes/No: () Age ()

Email Address

Note: if other please specify details on separate sheet and attach with application. All inscriptions other than Truck Accident/At Work deaths will incur An application fee of \$200.00.

Statutory Declaration:

I, _____ do solemnly declare that the information provided on this application form is true and correct.

Brief Industry/Working History of Deceased

Dated this:

Day ____ Month _____ Year ____

Applicant Signature

Justice of the Peace Name & Signature