Victorian Truck Drivers Memorial Application Form

Uniting GriefWork

This form nominates a new name to be added to the memorial wall

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:	
Street address:		Home phone:	
Suburb:		Work phone:	
State:	Postcode:	Mobile phone:	
Relationship to nominee:		Email:	

Brief history of nominee – experience/history in the transport industry:

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

Signed: _____ Date: _____

Please mail this form to:

Victorian Truck Drivers Memorial Inc.
P.O. Box 68
Prahran
Vic 3181

For phone enquiries, please contact:
Office - Uniting Prahran, GriefWork service (03) 9692 9500
Directly - Bette Phillips 0409 788 883
Bette.Phillips-Campbell@vt.uniting.org
If you would like to have a banner on a truck in the convoy, to support the nomination, please contact Bette Phillips.