



Application for **Associate/Social/Club** Membership

THE NAVAL ASSOCIATION OF AUSTRALIA

EACH FOR ALL, ALL FOR EACH

Type of Membership **Associate** **Social** **Club**

Sub Section **State**.....

Section 1 (Should Section 1 not be completed, applicant will not be eligible to become a member.)

Personal Details

Surname.....Given Names.....

Mr/Mrs/Ms/Miss/Rank.....Post Nominals.....

Residential Address.....

Suburb/City.....State.....Postcode.....Country.....

Postal Address if different to above.....

Suburb/CityState Postcode.....Country.....

Telephone Home..... Work.....

 Fax..... Mobile.....

Email.....

Date of Birth.....Place of Birth.....

I declare that the above information and that in Section 2 (if relevant to application) is true and correct. If elected to membership, I agree to uphold the Constitution and Rules of the Association.

Applicant's Signature.....**Date**/...../20

Proposer's Signature.....**Seconder's Signature**.....

Applicant complies with Rule 09.04 (Associate), 09.05 (Social) or 09.06 (Club). Yes **No**

Section 2 (Should Section 2 not be completed, applicant will not be eligible to become an Associate Member).

Sea Service/Naval Shore Service (For Associate Membership only)

Type of Service	Commenced	Completed

Privacy

The Association is committed to the privacy of your personal information supplied on this form. The Membership Register is held in the Association's Sub Section office. The Sub Section Register is administered by the Sub Section Membership Registrar who may be contacted at the address at the bottom of this form.

Use and disclosure of personal information:

I consent to the information provided in this application being used to keep me up to date on activities of the Naval Association at National, State and sub section level. The information may also be used to generate statistics and to provide source material to assist in claims on behalf of members and other activities in the community.

Applicants signature..... Date/.../200

For Office use

Date enrolled Fees paid Receipt No..... Badge Issued.....

..... Date..... Amount \$.....

White Ensign Magazine Fee Amount \$.....

Distribution

Sub Section Secretary

Address