



Application for **FULL** Membership

THE NAVAL ASSOCIATION OF AUSTRALIA

EACH FOR ALL, ALL FOR EACH

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

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

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

Email.....

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

Next of Kin (For allocation Benevolent Fund Grant from Sub Section in the event of your death whilst a member. Some sub sections may not provide for these grants.)

Full Name.....Relationship.....

Address.....

Phone.....(H).....(W)

Has applicant been a member of the Association previously? No ☐ Yes ☐

SECTION 2 (Should Section 2 not be completed, applicant will not be eligible for Ordinary Membership)

NAVAL SERVICE HISTORY

Periods of Service

Joined on	Discharged on	Rank on Discharge	Service No	Notes

Medal and Decorations

Medals/Decorations/Honours	Clasps (if appropriate)

Ships and Establishments

Name	Service Start	Service End

I declare that the above information 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**.....

Discharge papers sighted Yes ☐ No ☐

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 National Office, Canberra, Section and Sub Section offices. The National Register is administered by the National Membership Registrar who may be contacted at the address at the bottom of this form.

The Association collects your Naval and personal information to provide source data to assess the needs for veterans' support and other activities in the veteran community. The Association does provide outside agencies statistics and general information on its membership. The Association will not provide your personal data to other organizations without your prior consent.

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 veteran community.

Applicant's signature..... Date/..../200

For Office use

Date enrolled	Fees paid	Receipt No.....	Badge No.....
.....	Date.....	Amount \$.....

Distribution

Original to National Membership Registrar

With monthly Capitation Report and Capitation

PO Box 3362
Belconnen DC
ACT 2617

Duplicate to State Secretary

With Monthly Capitation Report and Capitation

State Secretary
Address

TriPLICATE to Sub Section Secretary

Sub Section Secretary
Address