APPLICATION FOR PARTNER MEMBERSHIP

Naval Association of Australia *Once Navy, Always Navy*

Sub-Section ..... S/Code ..... Section .....

Personal Details of the Partner Member

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

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

Applicant (Declared Partner of Full Member)

Surname ..... Relationship: Husband / Wife / Partner (one must be circled)

Address .....

Telephone (M) ..... (H) ..... (W) .....

Applicant must read and sign

I ……, declare the above information to be true and correct and if being afforded membership of the Naval Association of Australia, undertake to adhere to the ideals of the Association, its rules, and processes and will, at all times, strive to conduct myself in an honourable manner in the collective pursuit of naval fellowship. Note: A Full Member must be Financial before a Partner Membership can be considered and both annual fees must be paid.

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

Privacy The Association is committed to the privacy of your personal information supplied on 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, Section 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 ...../...../20....**

Must be completed

Has the applicant been a member of the NAA previously? (circle Yes or No) Yes No

Proposer's Signature ..... (Print Name) ..... Date ...../...../20....

Seconder's Signature ..... (Print Name) ..... Date ...../...../20....

For Office Use Only

DATE ENROLLED	DATE FEES PAID	RECEIPT NO	AMOUNT PAID	BADGE NO
/ /	/ /		$	

Distribution of application form

Original to be retained and filed by the Sub-Section Secretary — Sub-Section Secretary .....

Address .....

Copy to Section Secretary — With monthly Capitation Report and (F2B and F3) — Section Secretary .....

Address .....

Copy to National Treasurer — With monthly Capitation Report and (F2A and F3) — Naval Association of Australia
National Treasurer
PO Box 198
Prospect TAS 7250