



# Application for **PARTNER** Membership

## THE NAVAL ASSOCIATION OF AUSTRALIA

EACH FOR ALL, ALL FOR EACH

Partner Membership is not available to the Declared Partners of previously deceased FULL MEMBERS.

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

**Personal Details of Full Member (Partner of Applicant)**

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

Date of Birth..... Member of Sub Section.....

**Applicant (Declared Partner of Full Member)**

Full Name.....Relationship Husband/Wife/Partner

Address.....

Phone Home..... Work..... Mobile .....

Has the Applicant been a member of the NAA previously? No <sup>1</sup> Yes

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

Full Member's Signature.....Date ...../...../20

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

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

**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 ...../...../20

**For Office use**

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

**Distribution**

<b>Original</b> to National Membership Registrar	With monthly Capitation Report and Capitation	PO Box 3362 Belconnen DC ACT 2617
<b>Duplicate</b> to State Secretary	With Monthly Capitation Report and Capitation	State Secretary Address
<b>TriPLICATE</b> to Sub Section Secretary		Sub Section Secretary Address

Applicant Sign