# Application for **FULL** Membership



# THE NAVAL ASSOCIATION OF AUSTRALIA

EACH FOR ALL, ALL FOR EACH

##### Sub Section ………………………………………………State…………

###### Section 1 (Should Section I not be completed, applicant will be 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** ٱ **Yes** ٱ

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

### NAVAL SERVICE HISTORY

#### Periods of Service

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Joined on** | **Discharged on** | **Rank on Discharge**  | **Service No** | **Notes** |
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##### Medal and Decorations

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| --- | --- |
| **Medals/Decorations/Honours** | **Clasps (if appropriate)** |
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|  |  |
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**Ships and Establishments**

|  |  |  |
| --- | --- | --- |
| Name | Service Start | Service End |
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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 ٱ No ٱ

**Privacy**

Applicant Sign

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 membershipThe 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 Naval Association of Australia

PO Box 524

CURTIN ACT 2605

**Duplicate** to State Secretary With Monthly Capitation Report and Capitation State Secretary

Address

**Triplicate** to Sub Section Secretary Sub Section Secretary

Address

*NAA Form Revised 14 October 2014*