



THE NAVAL ASSOCIATION OF AUSTRALIA

Application for **CLUB / ASSOCIATE** Membership

Once Navy, Always Navy.

Sub Section S/Code Section

Section 1 - Personal Details of Applicant. (Tick Membership) Club or Associate

Note: Section 1 must be completed correctly to be considered for Membership.

Surname Given Names

Mr/Mrs/Ms/Miss/Rank Post Nominals

Residential Address

Suburb/City Post Code State Country

Postal Address (if different to above)

Suburb/City Post Code State Country

Telephone (Mobile) (Home) (Work)

Email Address @

Date of Birth / / Place of Birth

Section 2 –Sea Service or Naval Shore Service (use only for Associate membership)

Type of Service	Commenced	Completed

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.

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

Privacy

The Association is committed to the privacy of your personal information supplied on this form. The Membership Register is held and 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.....

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

Proposer's Signature: (Print Name) (Date)

Seconder's Signature: (Print Name) (Date)

For Office use

Fees paid / / Amount \$ Receipt No #

Date enrolled / / Badge No #

Distribution of application form.

Copy to National Membership Registrar With Monthly Capitation Report and (F2A and F3) Naval Association of Australia
PO Box 5119,
Victoria Point QLD 4165

Copy to State Secretary With Monthly Capitation Report and (F2B and F3) State Secretary
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Original to be retained and filed by the Sub Section Secretary Sub Section Secretary
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Please Note: Any forms not submitted correctly will be returned to the Sub-Section for correction and re-submission

Applicant must read and Sign

Must be completed