

THE NAVAL ASSOCIATION OF AUSTRALIA

ONCE NAVY, ALWAYS NAVY



Application for **FULL** Membership

Sub-section Name: Sub-section Code: State:

SECTION 1 (Should Section 1 not be completed, the applicant won't 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)**

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) (M) (W)

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

SECTION 2 (Should Section 2 not be completed, the applicant won't be eligible to become a member.)

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 (include start and end date's if possible, add a separate sheet if insufficient room)

Name	Service Start	Service End

I declare that the above information provided in Sections 1 and 2 is true and correct. If elected to membership, I agree to uphold the Constitution and Rules of the Naval Association of Australia.

Applicant's Signature **Date:** / /

Proposers (Printed Name): **Signature:**

Seconder (Printed Name): **Signature:**

Discharge papers sighted. (tick one) ☐ **No** ☐ **Yes**

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:** / /

For Office use

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

Distribution

Original to National Membership Registrar	With Monthly Capitation Report and Capitation	Naval Association of Australia PO Box 5119 Victoria Point QLD 4165
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Duplicate to State Secretary	With Monthly Capitation Report and Capitation	State Secretary Address
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Triplicate to Sub Section Secretary		Sub Section Secretary Address
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