



# THE NAVAL ASSOCIATION OF AUSTRALIA

## ONCE NAVY, ALWAYS NAVY



### Application for **ASSOCIATE / CLUB** Membership

Select Membership Type (Select one)

☐ **ASSOCIATE**

☐ **CLUB**

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: .....

**Date of Birth** ..... / ..... / .... **Place of Birth** ..... **Email** .....

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

*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: .....

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

##### **SEA SERVICE / NAVAL SHORE SERVICE**

Type of Service	Commenced	Completed

##### **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	WEM Amount
.....	.....	\$.....	.....	.....	\$.....