

**ROYAL NEW ZEALAND NAVAL ASSOCIATION
NATIONAL COUNCIL**

APPLICATION FOR FULL MEMBERSHIP

BRANCH			DATE	
APPLICANTS FULL NAME				
	FIRST NAME	CHRISTIAN NAME	SURNAME	
POSTAL ADDRESS				
SUBURB				
CITY			POST CODE	
COUNTRY				
HOME PHONE		WORK PHONE		
E MAIL ADDRESS				
MOBILE PHONE				
SERVICE NUMBER			<i>(PLEASE INDICATE)</i>	
PROOF OF SERVICE ATTACHED?	YES	NO		
PLEASE REGISTER ME FOR FREE COPY OF NAVY TODAY	YES	NO		
If Membership is accepted, I hereby acknowledge and will abide by the Rules of the above Association and any By Laws of the above Branch.				
	APPLICANTS SIGNATURE		DATE	
TO BE FILLED OUT BY THE PROPOSER AND SECONDER				
I wish to Nominate the above named for Full Membership of this Branch and certify that I am a Financial Member of this Branch				
NOMINATOR		SECONDER		
SIGNATURE		SIGNATURE		
PRINT		PRINT		
NOTES:				
	DATE MEMBERSHIP ACCEPTED			
	DATE JOINED BRANCH			
	SUBSCRIPTION RECEIVED			
	BRANCH SECRETARY	DATE		
	BRANCH PRESIDENT	DATE		
	CAPITATION RECEIPT UPDATED?	YES		