



ROYAL NEW ZEALAND
NAVAL ASSOCIATION INC.



Membership Application North Shore Branch

Surname..... Initials..... Given name..... Known as.....

Postal address..... Telephone.....

Suburb.....

Zip..... E-mail

Service No Period of Service

Ships served in

I prefer to receive Branch notices by Email Postal mail

If my application is accepted, I will abide by the
Rules of the Association and of the Branch.
My membership fee of \$10 is attached.

.....
Signature Date

Mail to: Secretary, RNZN Association: North Shore Branch
PO Box 96,
Paihia 0247,
Bay of Islands

Office Use Only

Date

- 1. Membership considered Accepted Declined
- 2. Subscription received
- 3. Formal date of joining
- 4. Capitation forwarded for membership card to be issued