



The Royal New Zealand Artillery Association (Inc)
Registered Charity CC37284

Application for Associate Membership

I hereby apply for Associate Membership of the RNZA Association:

First Name _____ Middle Name _____ Surname _____

Preferred Name _____

Regt Number _____

Serving/Retired (Delete one)

Rank _____

Gender; Male/Female

Date of Birth _____

Postal Address

Email Address

Contact Ph Numbers

Mobile _____

Home _____

Post Code _____ (Essential)

Please provide your reason for wishing to become an Associate Member of the RNZA Association below:

Criteria are: Must be either

- i. Current or former serving New Zealand Defence Force or foreign armed services person who has been posted, attached, or served with an RNZA organisation for a minimum of three months.
- ii. Gunner who has served with an army artillery organisation, other than the RNZA, for a minimum of one year.
- iii. Close family member of an Association Full or Life Member, or to a deceased person who would have qualified as a Full Member had they applied.
- iv. Person with a close affinity with the Association or RNZA, not covered by any of the above categories, and deemed as meriting membership.

Signed _____

Date _____

Please print and either post this completed form to:

The RNZA Association
164 Akatarawa Road
Birchville
UPPER HUTT, 5018
New Zealand

or, scan and email to;

rnza.association@gmail.com