



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:

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please print and either;  
post this completed form to:

The Secretary, RNZA Assn  
PO Box 90100  
Victoria Street West  
Auckland, 1142  
New Zealand

or, scan and email to;

[rnza.association@gmail.com](mailto:rnza.association@gmail.com)