



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

Application to Register as a Full Member

I hereby apply to register as a Full Member of the RNZA Association as I have served in the RNZA for at least 3 months:

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)		
Honours and Awards, Service Medals	_____	_____
Defence Force Service(from-to)	_____	Total time in RNZA_____
Please indicate whether you served in	any of the following Theatres/Deployments:	
RNZA Units:	WW2_____	
_____	Korea_____	
_____	Sth Vietnam_____	
_____	Bosnia_____	
_____	East Timor_____	
_____	Afghanistan_____	
	Other UN Peace Keeping Mission_____	

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