



Associate Membership Application Form

Criteria for associate membership 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.

*** = Required information**

Surname *

First Name *

Middle Name

Preferred Name

Date of Birth *

Gender *

Address *

Post Code *

Email (personal email, not work) *

Home Phone

Mobile Phone

Reason for wanting to Join. * Please provide your reason for wishing to become an Associate Member of the RNZA Association. Include details of RNZA family member if any.

Name and contact details of referee

Complete This Section Only If You Have Military Service

Regimental Number

Serving / Retired

Rank at Discharge

Brief Military Service History/Units

I confirm this information is true and correct and I agree to receive the association's email newsletters.

Signature * _____

Please print and either;
post this completed form to:

The RNZA Association
164 Akatarawa Road
Birchville
UPPER HUTT, 5018

or, scan and email to secretary@rnzaa.org.nz