



Full Membership Registration Form

I wish to register as a Full Member of the RNZA Association as **I have served in the RNZA for at least 3 months**

*** = Required information**

Surname *	First Name *	Middle Name
_____	_____	_____
Preferred Name	Date of Birth *	Gender *
_____	_____	_____
Regimental Number	Serving / Retired *	Rank at Discharge
_____	_____	_____
Address *		Post Code *
_____		_____
Email (personal email, not work) *	Home Phone	Mobile Phone
_____	_____	_____

Honours, Awards, and Service Medals

Total Time in the RNZA *	Date or Year of Enlistment *	Date or Year of Discharge
_____	_____	_____

Service type (Please circle all applicable, One must be circled) * RF CMT NS TF/Army Reserve RF Cadets

What RNZA (NZA for WW2/J Force veterans) units did you serve in? (circle all applicable) *

161 162 163 11/4 11A 22D 31B 32E 4Mdm 1Loc 16Fd-HQ 3Fd-HQ Regt-HQ LAD School/Arty

Other RNZA/NZA units

Details of Non-Operational Service: e.g. TOD, Non-RNZA units, Service in NZ.

Please circle all applicable if you served in any of these Operational Theatres/Deployments:

WW2 J-Force Korea Malaya Sth-Vietnam Rhodesia Bosnia Timor Afghanistan Iraq

Details of other Overseas Operational Service: eg. UN Peace Keeping

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