

HMNZS OTAGO ASSOCIATION MEMBERSHIP APPLICATION



Surname _____

First Names _____ Date of Birth _____

Address _____

Wife/Partners Name _____

Contact Numbers: Work _____ Home _____ Mobile _____

Email Address _____

RNZN Service No _____ Held Rank/Rating _____

Dates of Service on OTAGO _____

Signature _____ Date _____

Subscription:

\$100 for Lifetime Subscription or \$10 payable on 1st April Annually

Payment:

Direct Credit to ASB Devonport: 12-3050-0291196-00

Cheque – please make payable to HMNZS Otago Association

Post form and cheque to:

Noel Davies

Hon. Secretary/Treasurer

8 Awatea Road

Parnell

AUCKLAND 1001

Phone (09) 377 0662

Email noel_davies@xtra.co.nz

IRD Exemption No 53-968-929

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