



ROYAL MARINES ASSOCIATION
New Zealand Branch
Members Service History Sheet

Name (in full) _____

Address _____

Phone (Home) _____ Phone (Mobile) _____

Email _____

Date of Birth _____

Reg. Number _____ Squad Number _____

Nickname (s) _____

Date & Place of Enlistment _____

Establishments, Ships, Commissions in date order _____

SQ Rating & Special Achievements

Highlights of Career _____

Actual Conflicts Engaged in _____

Medals, Clasps & Citations _____

Countries Served In or Visited _____

Name of Spouse / Partner _____

Name(s) of Children _____

Note: The above information will remain with the auspices of the Secretary of the Royal Marines Association, and will not in any circumstances, be given out to any person or authority not accepted as bonafide to our cause. Please complete this form and send to the Secretary, c/- Jacqui Mellamphy, 2 Bank Street, Mt Eden, Auckland 1024, and if possible, please enclose a photograph, either in uniform or a recent one.