

MEMBER APPLICATION

The Whangarei RSA welcomes all prospective members. Our membership is open to anyone over the age of 18 and there are no restrictions as to who can join.

All applicants please comple	ete the following:		
Name: (Mr. Mrs. Ms. Miss) (Surna			
(Surna	ıme) [Date of Birth:	
(Christian Names)			
Address:			
		Post	Code:
Email Address:			
Phone: (Home)	(Mobile)		
Occupation:			
ALL SERVICE PERSONNEL - other certificate of service-ld papobtain proof of service.			
SERVICE NO	UNIT/SHIP		
NOMINATED BY: (Please Print)			
SECONDED BY: (Please Print)	Signature	Membership #	
Declaration I hereby apply for membership of application is accepted I will abide by that I have not been refused membership that I am not currently facing any SLATE ACT does not apply. I he declaration if required. I understand that any Membership coreturned if I cease to be a member of the later than the state of the later than the later than the state of the later than the state of the later than the state of the later than the later than the state of the later than the state of the later than the	y all of the Rules of the Whangarei ership or expelled by any Ex-Serveriminal charges, nor do I have reby authorise the Whangarei I ard or badge issued to me remains or become unfinancial.	Returned Services Asvices Association or Cany criminal convictions and the conviction of the convictio	essociation (Inc.). I declare Chartered Club. I declare ons to which the CLEAN lice check to verify this
		Dato:	
Annual Subscription \$40.00 due 1 J Note - Subscriptions rebated quar	uly OFFICE USE: Paid: \$	Receipt No:	