

TAURANGA RSA APPLICATION FOR MEMBERSHIP



SERVICE NUMBER (if applicable): _____

TITLE (circle one): Dr Mr Mrs Ms Miss

FULL NAME:

DATE OF BIRTH:

GENDER (Circle One): Male / Female / Non Binary / Prefer not to say

EMAIL:

MOBILE:

HOME PHONE:

ADDRESS:

CITY/TOWN:

POSTCODE:

SERVICE DETAILS

BRANCH / UNIT SERVED:

YEAR SERVICE COMMENCED:

YEAR SERVICE ENDED:

DEPLOYMENT:

RANK ON DISCHARGE:

EMERGENCY CONTACT

FULL NAME:

RELATIONSHIP TO YOU:

PHONE NUMBER:

HOW DID YOU HEAR ABOUT US?

Have you ever been refused membership or expelled from any club? YES NO

Have you ever been convicted of any crime? YES NO

Will you allow your name and address to be supplied to RNZRSA and Clubs New Zealand to be included on a national register of members? YES NO

TERMS AND CONDITIONS OF MEMBERSHIP:

I undertake, if elected, to abide by the rules, bylaws and policies of the Tauranga RSA. The full rules, bylaws and relevant policies, including the privacy policy are available on request from the club.

I accept that my application for membership is subject to the registered rules of the Tauranga RSA and will be accepted or declined by the Executive Committee. Pending acceptance of my application, I acknowledge that I have the rights and privileges only of a visitor at the discretion of the Executive Committee.

SIGNATURE: _____

FOR OFFICE USE ONLY:

MEMBER NUMBER:

DATE RECEIVED:

AMOUNT/EFTPOS OR CASH:

STAFF INITIALS:
