

**WHANGAMATA RSA (INC)**  
**APPLICATION FOR SERVICE MEMBERSHIP**

TITLE (circle one):     Dr     Mr     Mrs     Ms     Miss

FULL NAME:

ADDRESS:

POST CODE:

EMAIL:

PHONE:

D.O.B.

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

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

**TERMS AND CONDITIONS OF MEMBERSHIP:**

The Whangamata RSA operates under the Privacy Act code of practice.  
I hereby agree to abide by the rules of this Club and certify the above information is correct.

**MEMBERSHIP CARDS MUST BE CARRIED AT ALL TIMES.**

I accept that my application for membership is subject to the registered rules of the  
Whangamata RSA and will be accepted or declined by the Executive Committee.

APPLICANTS SIGNATURE: \_\_\_\_\_                                    DATE: \_\_\_\_\_

**SERVICE DETAILS:**

Category of Membership: Returned or Service

Type of Service: Army / Navy / Air Force / Police

Service No: \_\_\_\_\_

Please supply copy of Discharge Papers, or similar.

**STAFF ONLY:**

MEMBER #

DATE RECEIVED:

AMOUNT PAID:

RECEIPT:

BOOK:

TEMPORARY CARD: