WHANGAMATA RSA (INC)
APPLICATION FOR SERVING UNIFORMED MEMBERS OF THE NZ DEFENCE FORCE AND NZ POLICE
(This is a Complimentary Membership under Rule 8(e) of our Constitution)

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: Current Serving – Returned / Current Serving – Service (Please Tick)

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

Service No: _____ Proof of Service / ID Viewed (Please Tick)

STAFF ONLY:

MEMBER # DATE RECEIVED:

AMOUNT PAID: RECEIPT:

BOOK: TEMPORARY CARD: