WHANGAMATA RSA

APPLICATION FOR VETERANS MEMBERSHIP
75 yrs + $20

TITLE: Dr Mr Mrs Ms Miss D.O.B: _____

FULL NAME: _____

ADDRESS: _____

_____

POST CODE: _____

EMAIL: _____ PHONE: _____

NEXT OF KIN: _____

SERVICE DETAILS

Service No. _____

Category of Membership: Returned or Service _____

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

Length of Service: _____

Please supply copy of Discharge Papers, or Similar.

If transferring from another RSA, please list the membership details, and the date you are finacial to: _____

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: _____

STAFF ONLY:

NEW MEMBER # _____

RECEIPT ATTACHED ☐

STAFF MEMBER: _____

OFFICE ONLY

APPLICATION ☐
NUMBERS ☐
DATABASE ☐
BASECAMP ☐