

**BIRKENHEAD RETURNED AND SERVICES ASSOCIATION (INC.)**

P O Box 34 076, Birkenhead, North Shore City 0746, Ph. 09 418 2424, [www.birkenheadrsa.com](http://www.birkenheadrsa.com)

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

*Please complete the details below to ensure that we have the necessary information to process your application.  
Proposer in Section 3 must be a financial member of the Birkenhead RSA*

DATE: .....

**SECTION 1**

Surname: ..... Christian Names: ..... Title: Mr//Mrs/Miss/Ms  
Address: ..... Phone Home: .....  
Suburb: ..... Phone Business: .....  
City: ..... Mobile: .....  
Occupation: ..... Date of Birth: .....  
Name of Next of Kin: ..... Relationship: ..... Contact No: .....

**SECTION 2**

Please tick the appropriate statement:

- I am a New Zealand Citizen.  
 I am a permanent resident of New Zealand in terms of New Zealand immigration policy.  
 I am a citizen of a country belonging to the Commonwealth of Nations.

If you are unable to tick one of the above you are ineligible to apply according to RNZRSA policy.

**SECTION 3**

Proposed by: ..... Membership Number: ..... Signature: .....  
PROPOSER MEMBERSHIP DETAILS CHECKED: ..... Date: .....

**Please Note:** In accordance with Birkenhead Returned and Services Association (Inc.) Rule 11 (c), you are advised that your application will be displayed in the clubrooms for a period of 14 days, to allow for possible objections from current members. This is pointed out in compliance with the Privacy Act.

**SECTION 4**

I have read and fully understand the covering letter and I hereby accept and certify that the above information is true and correct and I give permission for the Birkenhead RSA to use it for RSA purposes. I have / have not been refused membership, been suspended nor expelled from any other RSA or Chartered Club. (If YES, please give details).

Signature: ..... Date: .....

**FOR OFFICE USE ONLY:**

Administration fee received: \$ ..... by: ..... Date: .....  
Application displayed for a period of 14 days from: ..... to: .....  
Subscription fee received: \$ ..... by: ..... Date: .....  
Letter of Acceptance together with Temporary Card posted by: ..... Date: .....  
Able to attend Induction Meeting on: ..... Attended Induction Meeting on: .....  
Permanent Card issued by: ..... Date: ..... Membership No. ....  
Idmax updated by: ..... Date: ..... Date Accepted: .....  
Sancom updated by: ..... Date: ..... Review: YES/NO

INFORMATION  
FOR  
ASSOCIATE MEMBERSHIP APPLICANTS

Thank you for taking the time and interest to become an Associate member of The Birkenhead Returned And Services Association.

The following procedure is required:

1. Please forward the completed application form, together with \$10.00 administration fee to the club by hand or post to:

Birkenhead RSA  
P O Box 34 076  
Birkenhead  
NORTH SHORE CITY 0746

2. Your application will be displayed on our notice board for 14 days to give time for written objections or support of admissions to be submitted to the office.
3. You will be advised by mail whether or not your application has been accepted or declined. Providing there have been no objections, you will be invited to forward your subscription, upon receipt of which, you will be issued with a temporary membership card and advised of the date to attend an induction evening.
4. To finalise your application for membership, you must attend an induction evening, four of which are held each year. At the induction meeting, you will be informed of the policies and standards of our association. If you fail to attend an induction evening, your membership may well be suspended until such time as you do. If there is a very good reason for not being able to attend a meeting then your temporary membership may be extended.
5. As the subscription year extends from the 1<sup>st</sup> January through to the 31<sup>st</sup> December each year, new members pay their subscriptions pro rata.
6. If you have any questions, please do not hesitate to contact the office on 418 2424.

GARRY COOLEY  
SECRETARY/MANAGER