

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

P O Box 34 076, Birkenhead, North Shore City 0746, Ph. 09 418 2424

**RETURNED / SERVICE REGISTER**

Please complete the details below to ensure that we have the necessary information to process your registration.

NEW

REJOIN

TRANSFER

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**

Previous RSA of which a Member: ..... Service Number: .....  
Rank: ..... Date Enlisted: ..... Date Discharged: .....  
Service: Air Force/Army/Merchant Navy/Navy/Police Force: ..... (eg RNZAF, RNZN)  
Unit: ..... Theatres of War: .....

ELIGIBILITY AND REGISTER DETAILS CONFIRMED: ..... (Secretary Manager)

**SECTION 3**

I hereby accept the above information is true and correct and 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: .....

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**FOR OFFICE USE ONLY**

Subscription Fee Received: \$..... by ..... Date: .....  
Date Joined: ..... Membership Type: ..... Scondary Type: .....  
If Transfer in, RSA Notified: Date: ..... Information Received: Date: .....  
Idmax Updated by: ..... Date: .....  
Sancon Updated by: ..... Date: .....  
Card Issued by: ..... Date: .....  
Membership Number: ..... Review: YES / NO RNZRSA Notified: Date: .....