

BIRKENHEAD RETURNED SERVICES ASSOCIATION (INC.)

PHOTO
HERE

WOMEN'S SECTION REGISTER

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

SURNAME: _____ TITLE: Mrs / Miss / Ms

CHRISTIAN NAMES: _____ PHONE HOME: _____

ADDRESS: _____ PHONE BUSINESS: _____

MOBILE PHONE: _____

OCCUPATION: _____ DATE OF BIRTH: _____

NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____

CONTACT TELEPHONE NUMBER: _____

I hereby certify that the above information is true and correct and give permission for the Birkenhead RSA to use it for RSA purposes.

Signed: _____ Date: _____

FOR OFFICE USE ONLY: NEW / REJOIN / TRANSFER (IN) ACCEPTED / DECLINED

Subscription Received: \$ _____ by _____ Date: _____

Date Joined: _____ Membership Number: _____

If Transfer in, financial to 31st December _____ and records obtained from _____ RSA on _____

SANCON UPDATED / / COMPUTER UPDATED / /
REVIEW ADVISED / / NZRSA ADVISED / /