

BIRKENHEAD RETURNED AND SERVICES ASSOCIATION (INC)

APPLICATION FOR MEMBERSHIP

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

***PLEASE PRINT CLEARLY**

DATE:/...../..... {office use only - Member number:

SECTION 1

Surname: First Name: Title: Mr//Mrs/Miss/Ms

Address: Phone Home:

Suburb: Phone Business:

City: Post Code: Mobile:

E-mail address:

Occupation: Date of Birth:/...../.....

Name of Next of Kin: Relationship: Contact No:

How did you hear about the RSA?.....

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 2 (if applicable)

Service Number: Rank: Service: AirForce/Army/Navy/Police

Date Enlisted:/...../..... Date Discharged:/...../..... Unit:

Theatres of War:

SECTION 3 - *Type of Membership please tick applicable box

Full payment, including administration fee, due at time of application

Associate Over 65 \$40.00 Associate Under 65 years \$45.00 Womans Section \$12.00

Associate Couple Over 65 \$70.00 (per couple) Associate Couple Under 65 \$80.00 (per couple)

Service Over 65 \$25.00 Service Under 65 \$32.00 Service Over 80 \$7.00

Returned Over 65 \$25.00 Returned Under 65 \$32.00 Returned Over 80 \$7.00

Associate Member – Not a past or present member of the Armed Forces

Service Member – Past or present member of the Armed Services

Returned – Past or present member of the Armed Forces that has served in a Theatre of War

SECTION 3

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:/...../.....

MEMBERSHIP APPLICANTS

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

1. **Please forward the completed application form, together with subscription due and \$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. You will be advised by phone or e-mail whether or not your application has been accepted or declined. Providing there have been no objections, you will be contacted to collect your Membership card.
3. The subscription year extends from the 01 July through to the 30 June each year.
4. If you have any questions, please do not hesitate to contact the office on 418 2424.

Phil Agent

SECRETARY/MANAGER

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.

FOR OFFICE USE ONLY:

Administration fee received: \$ by: Date:...../...../.....

Subscription fee received: \$ by: Date:/...../.....