



WHANGAREI RETURNED AND SERVICES' ASSOCIATION

RETURNED, SERVICE AND ASSOCIATE MEMBERSHIP APPLICATION

(Delete as applicable)

RETURNED AND SERVICE MEMBER APPLICANTS PLEASE NOTE; VERIFICATION OF SERVICE IS REQUIRED, PAY BOOK, DISCHARGE PAPERS OR OTHER CERTIFICATE OF SERVICE-ID PAPERS.

AUTHORITY IS GIVEN TO THE WHANGAREI RSA TO OBTAIN PROOF OF SERVICE

ASSOCIATE MEMBER APPLICANTS PLEASE NOTE; THIS APPLICATION MUST BE ACCOMPANIED BY A RECENT PASSPORT SIZED PHOTO OR A CURRENT COPY OF A DRIVERS LICENCE.

Name: (Mr. Mrs. Ms, Miss) _____
(Surname)

...Date of Birth: _____
(Christian Names)

Address: _____

Email Address: _____

Phone: (Home) _____ (Work) _____

Occupation: _____

Returned and Service Member Applicants: SERVICE NO _____ UNIT/SHIP _____

Associate Member Applicants are required to be nominated and seconded by a financial member.

NOMINATED BY: _____ Signature _____ Membership # _____
(Please Print)

SECONDED BY: _____ Signature _____ Membership # _____
(Please Print)

Declaration

I hereby apply for membership of the Whangarei Returned Services Association (Inc) and I agree that if my application is accepted I will abide by all of the Rules of the Whangarei Returned Services Association (Inc). I declare that I have not been refused membership or expelled by any Ex Services Association or Chartered Club. I declare that I am not currently facing any criminal charges, nor do I have any criminal convictions to which the **CLEAN SLATE ACT** does not apply. **I hereby authorise the Whangarei RSA to obtain a police check to verify this declaration.**

I understand that any Membership card or badge issued to me remains the property of the Association and must be returned if I cease to be a Member or become Unfinancial.

I have read and understood the above Declaration

Applicants Signature: _____ Date: _____

Subscription \$50.00 to 30/6/2018. OFFICE USE: Paid: \$ _____ Receipt No: _____ Date: _____
Cash/Eftpos/Chq