

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		MEMBER NUMBER (office use only)			
Mr//Mrs/Miss/Ms <small>(CIRCLE OPTION)</small>	FIRST NAME	SURNAME			
SECTION 1 - *Type of Membership please tick applicable box Full payment, including administration fee (\$10.00), due at time of application					
Youth (13yrs – 17 yrs)	\$10.00		Women's Section	\$20.00	Women's Section Over 80 years \$10.00
Associate Under 65 years	\$55.00		Associate Over 65	\$50.00	Associate Over 80 years \$10.00
Associate Couple Under 65 (per couple)	\$95.00		Associate Couple Over 65 (per couple)	\$80.00	Associate Couple Over 80 (per couple) \$20.00
Assoc / Service Under 65	\$37.00		Assoc / Service Over 65	\$30.00	Assoc / Service Over 80 \$10.00
Service Under 65	\$37.00		Service Over 65	\$30.00	Service Over 80 \$10.00
Returned Under 65	\$37.00		Returned Over 65	\$30.00	Returned Over 80 \$10.00
<p>* Associate – Not a past or present member of the Armed Forces *Service – 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</p>					
SECTION 2					
DATE OF BIRTH			PHONE HOME		
PHONE BUSINESS			MOBILE		
EMAIL ADDRESS					
STREET ADDRESS			OCCUPATION		
SUBURB			HOW DID YOU HEAR ABOUT THE RSA?		
CITY		POSTCODE	NEXT OF KIN + PHONE (IN CASE OF EMERGENCY)		
PLEASE TICK THE APPROPRIATE STATEMENT	<input type="checkbox"/> I am a New Zealand Citizen. <input type="checkbox"/> I am a permanent resident of New Zealand in terms of New Zealand immigration policy. <input type="checkbox"/> 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 (if applicable)					
SERVICE NUMBER	RANK	UNIT	<input type="checkbox"/> AIRFORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> POLICE		
DATE ENLISTED	DATE DISCHARGED	THEATRES OF WAR			
SECTION 4					
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					
FOR OFFICE USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (09) 418 2424.

E Ryan
ACTING 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:/...../.....