BIRKENHEAD RETURNED AND SERVICES ASSOCIATION (INC)

APPLICATION FOR MEMBERSHIP 2026 / 2027

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

DATE	* PLEASE PRINT CLEARLY	**MEMBER NUMBER** (office use only)
Mr//Mrs/Miss/Ms *(CIRCLE OPTION)*	**FIRST NAME** * PLEASE PRINT CLEARLY	**SURNAME** * PLEASE PRINT CLEARLY

SECTION 1 - *Type of Membership, please tick applicable box
Full payment, including the administration fee ($15.00) per person, due at the time of application

Youth (13yrs – 17 yrs)	$20.00		Women's Section	$35.00		Women's Section Over 80 years	$30.00	
Associate Under 65 years	$70.00		Associate Over 65	$65.00		Associate Over 80 years	$30.00	
Associate Couple Under 65 (per couple)	$120.00		Associate Couple Over 65 (per couple)	$110.00		Associate Couple Over 80 (per couple)	$60.00	
Assoc / Service Under 65	$50.00		Assoc / Service Over 65	$45.00		Assoc / Service Over 80	$30.00	
Service Under 65	$50.00		Service Over 65	$45.00		Service Over 80	$30.00	
Returned Under 65	$50.00		Returned Over 65	$45.00		Returned Over 80	$30.00	

*** The membership fees include a $10 maintenance fee**
***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

SECTION 2

DATE OF BIRTH	* PLEASE PRINT CLEARLY	**PHONE HOME**	* PLEASE PRINT CLEARLY
PHONE BUSINESS	* PLEASE PRINT CLEARLY	**MOBILE**	* PLEASE PRINT CLEARLY
EMAIL ADDRESS	* PLEASE PRINT CLEARLY		
STREET ADDRESS	* PLEASE PRINT CLEARLY	**OCCUPATION**	* PLEASE PRINT CLEARLY
SUBURB	* PLEASE PRINT CLEARLY	**HOW DID YOU HEAR ABOUT THE RSA?**	* PLEASE PRINT CLEARLY
CITY * PLEASE PRINT CLEARLY	**POSTCODE**	**NEXT OF KIN + PHONE (IN CASE OF EMERGENCY)**	* PLEASE PRINT CLEARLY

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 3 (if applicable)

SERVICE NUMBER	**RANK**	**UNIT**	☐ **AIRFORCE** ☐ **ARMY** ☐ **NAVY** ☐ **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 permit for the Birkenhead RSA to use it for RSA purposes. I have / have not been refused membership, suspended, or expelled from any other RSA or Chartered Club. (If YES, please give details.

SIGNATURE	

FOR OFFICE USE ONLY	☐ BEPOZ	☐ RECEIPT	☐ APP LIST	☐ P/CARD	☐ NATIONAL CARD RQ/D	☐ WELCOME EMAIL	☐ B/DAY

MEMBERSHIP APPLICANTS

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

"Please forward the completed application form, together with the Subscription due, $15.00 Administration Fee to the club by hand or post to:"

Birkenhead RSA
P O Box 34 076
Birkenhead
NORTH SHORE CITY 0746

1. You will be advised by phone or e-mail whether your application has been accepted or declined. Providing there have been no objections, you will be contacted to collect your Membership card. If you require your membership card to be posted, you will need to add $3 in addition to your membership payment.

2. The subscription year extends from the 01st of July through to the 30th of June each year.

3. If you have any questions, please do not hesitate to contact the office on (09) 418 2424.

Flemming Sudsgaard
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:* *……/……../……*