



The Wainuiomata Memorial RSA (Inc.)



42 – 50 Burden Ave,
PO Box 42-006, Wainuiomata
(All correspondence to the Secretary)

(Affiliated to R.N.Z.R.S.A. & Clubs NZ)

Ph (04) 564-7996
Fax (04) 564-2237

Applicant to complete
Full Name: Mr, Mrs, Miss, Ms

Club Number

Attach Photo

Type of Membership: **RETURNED / SERVICE / CLUB**

Applicant to complete

Have you ever been refused membership or expelled from any Club? **YES / NO**

If **YES**, please advise name of Club and full details:

Have you ever been convicted of any crime within the Crimes Act? **YES / NO**

Are you a NewZealand citizen? **YES / NO**

Will you allow your name to be supplied to **RNZRSA/ NZ Chartered Clubs** to be included on a National register of members? **YES / NO**

If accepted as a member I will pay my membership subscription by the due expiry date on my membership card

I promise to abide by the Rules of **The Wainuiomata Memorial RSA Inc.**

I authorise the Membership Sub/Committee to make any additional enquiry to establish my suitability as a member of this Club.

I agree to my membership application form being placed on the notice board for 14 days to allow for any objections to my membership

I certify that all the information supplied is true and correct.

Signed.....Date.....

Proposer & Seconder are to be financial members of **The Wainuiomata Memorial RSA Inc Club**. We believe this person to be of good character and worthy to be recommended for membership.

Proposer's Name..... Seconder's Name

Proposer's Signature..... Seconder's Signature.....

Proposer's Club No..... Seconder's Club No.....

Only this page will be displayed on the notice board (Receipt No)

Applicant to supply all relevant details on page 2 to have this membership application processed



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Application for Returned / Service / Club Membership

Club No

All Applications must be accompanied by the appropriate Subscription

Subscriptions = 18 - 59 years \$40-00, 60 years and over \$20-00

NB [Print your details clearly and circle the appropriate membership class]

Surname.....Christian Names.....

Known As.....[Male / Female] Date of Birth...../...../.....

Address.....

Occupation.....Home Ph No.....

Work Phone No..... Mobile Ph No.....

Email Address.....

Returned and Service Members only:

SERVICE No..... NAVY / ARMY / AIR FORCE

UNIT.....THEATRE/S.....

(Proof of Service is required i.e.; Copy of Discharge Papers or Statement of Service)

[Office use only]

Date Accepted / Declined -----/-----/----- Sub Amount paid \$ _____

Badge = Yes / No Review = Yes / No Receipt No _____

Temp Card = Yes / No