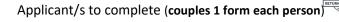
+APPLICATION FOR MEMBERSHIP - MOTUEKA MEMORIAL R.S.A. (Inc)



Please print clearly

Title: Mr Mrs Ms Miss (circle one)
First names:Surname:
Preferred name:Occupation & Employer:
Address:
Post code: Home phone/fax:
Work phone: Cell phone:
Date of birth: Email:
Do you wish to receive our monthly emailed newsletter? (Please circle) YES NO
RETURNED AND SERVICE PERONNEL ONLY
Service number: Theatre served:
Forces served with: Unit:
Period enlisted:Discharged:
Do you wish RSA involvement at your funeral? YES NO
Proposer:
(Please print clearly)
SUBSCRIPTIONS BANK ACCOUNT NUMBER: 02-0692-0126316-097
In joining the Motueka Memorial RSA, I undertake to accept its Constitution and Rules and hereby declare that I have not been expelled or rejected from membership of any other Returned and Services Association. I declare that I am fully vaccinated and have provided a copy of my vaccination certificate with this membership application.
Signed:Date:
OFFICE USE ONLY
Membership actioned:/ Posted/At the Bar/Given at time
Subscription paid: \$Cash / Cheque / EFTpos/Internet Membership Number: