

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



Applicant/s to complete (couples 1 form each person)

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: \_\_\_\_\_ Signature: \_\_\_\_\_ Number: \_\_\_\_\_

(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: \_\_\_\_\_