

+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.

Signed: _____ Date: _____

OFFICE USE ONLY

Membership actioned: ____/____/____ Posted/At the Bar/Given at time

Subscription paid: \$_____ Cash / Cheque / EFTpos/Internet Membership Number: _____