



MOUNT MAUNGANUI RSA MEMBERSHIP FORM

I wish to apply to join the Mount Maunganui RSA as a **Returned / Service** member and to undertake to abide by the rules and standards of this Association.

I **have / have not** been refused membership, been suspended or expelled from any other RSA or Chartered Club. (If yes please give details)

SERVICE NO: SURNAME:

INITIALS: TITLE: Dr / Sir / Mr / Mrs / Miss / Ms

CHRISTIAN NAMES:

STREET.....CITY.....POSTCODE.....

E-MAIL ADDRESS (if you would like email)

PHONE: HOME (..)..... WORK (.....)

RANK: WHICHFORCE:

DATE ENLISTED: WHICH WAR:

DATE DISCHARGED: DATE OF BIRTH:/...../ 19.....

MILITARY UNIT:WHERE SERVED

OCCUPATION (eg Retired):

INTERESTS: (Please tick) Golf, Indoor Bowls, Outdoor Bowls, Fishing, Snooker, 8-Ball, Chess, Walking

TRANSFERRED FROM (if applicable):

PREVIOUS ADDRESS:

DISABILITY: Yes/No % OF DISABILITY:.....% LAST REVIEWED:.....

NEXT OF KIN:

PHONE NO: RELATIONSHIP: (eg Daughter)

ADDRESS:

CURRENT WILL: Yes/No WHERE HELD

DO YOU HOLD A CURRENT DRIVERS LICENSE: Yes/No

WAR PENSION: Yes/No NUMBER: Review Newspaper: Yes/No

GENERAL PRACTITIONER:

Proof of Service is required to accompany this application. i.e. Discharge Form, pay book, etc.

I declare that to the best of my knowledge the information provided in this application is accurate and I understand that if any false or misleading information is given, or any material is suppressed I may be refused membership, or if I have been accepted, my membership may be terminated.

Signed:(Applicant) Date: / / 20.....

OFFICE USE ONLY Ret / Ser <60 / <70 / <80 / >80

Receipt No:..... Club No:



MOUNT MAUNGANUI RETURNED AND SERVICES ASSOCIATION INC

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

(If applying as a couple please fill in separate forms)

SURNAME: (Mr./Mrs./Miss/Ms)

CHRISTIAN NAMES:

OCCUPATION:

ADDRESS:

.....Postcode

PHONE: DATE OF BIRTH:

Email Address:

Wish to apply to join the Mount Maunganui RSA as an Associate Member and undertake to abide by the Rules and Standards of this Association.

I **have/have not** been refused membership, been suspended or expelled from any other RSA or Chartered Club.

(If yes please detail)

I declare that to the best of my knowledge the information provided in this application is accurate and I understand that if any false or misleading information is given, or any material is suppressed I may be refused membership, or if I have been accepted, my membership may be terminated. Membership and/or application for Membership may be cancelled at any time in accordance with Mount Maunganui Returned and Services Associations Risk Management responsibilities.

SIGNED (Applicant) Date: ___ / ___ / 20___



This form must be completed and returned along with the \$40.00 per person or \$60.00 per couple by 9th May 2017

In the unlikely event of Membership being declined a full refund will be given.

Andrew Buentner
General Manager

OFFICE USE ONLY

Receipt No..... Club No.....



**MOUNT MAUNGANUI RETURNED AND SERVICES ASSOCIATION
(INCORPORATED)**

Telephone: (07) 575 4477
Fax : (07) 575 4477
Email: reception@mtrsa.co.nz
Web: www.mtrsa.co.nz

544 Maunganui Road
P.O. Box 4011
Mount Maunganui
Bay of Plenty

WOMENS SECTION MEMBER

Eligibility: Wife, Partner or Widow of Serviceperson(Ex-Serviceperson) or Servicewoman

Joining Date

Surname (please print) Mrs./ Miss/ Ms

Christian Names

Postal Address

Email: Post code

Date of Birth/...../..... Phone Number.....

Wife/Partner/Widow/Servicewoman (Please Circle) Signature

NEXT OF KIN: Name

Relationship

Phone No

Address

.....

HUSBAND / PARTNER : Full Name

Service Number

Navy/Army/Airforce & Unit.....

Which War

Where Served

Office Use Only: Receipt No. _____ **Club No:** _____