



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:

Have you ever been refused membership or expelled from any club?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

Have you ever been convicted of any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

Will you allow your name and address to be supplied to RNZRSA and Clubs New Zealand to be included on a national register of members?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	---------------------------------	--------------------------------

TERMS AND CONDITIONS OF MEMBERSHIP:

I undertake, if elected, to abide by the rules, bylaws, and policies of the Mt Maunganui RSA. The full rules, bylaws, and relevant policies, including the privacy policy are available on request from the club.

I accept that my application for membership is subject to the registered rules of the Mt Maunganui RSA and will be accepted or declined by the Executive Committee. Pending acceptance of my application, I acknowledge that I have the rights and privileges only of a visitor at the discretion of the Executive Committee.

SIGNED **(Applicant) Date:** ____ / ____ / 20__

=====

This form must be completed and returned along with the \$50.00 per person or \$80.00 per couple

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

<u>OFFICE USE ONLY</u>	
Receipt No.....	Club No.....