



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

Telephone: (07) 575 4477

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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

Surname (please print) Mrs./ Miss/ Ms

Christian Names

Postal Address

Email: Post code

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

Occupation Date of Application

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: _____

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____