

ASSOCIATE MEMBERSHIP



Legal Name: _____

Occupation: _____ **D.O.B.:** _____

Address: _____

Phone: _____ **Email:** _____

Have you ever been refused membership or expelled from any club? YES NO

Have you ever been convicted of any crime? YES NO

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 NO

COUPLE (Please fill in the below details for second member)

Legal Name: _____

Occupation: _____ **D.O.B.:** _____

Address: _____

Phone: _____ **Email:** _____

Have you ever been refused membership or expelled from any club? YES NO

Have you ever been convicted of any crime? YES NO

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 NO

TERMS AND CONDITIONS OF MEMBERSHIP: I/we undertake, if elected, to abide by the rules, bylaws, and policies of the Mt Maunganui RSA. 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/we acknowledge that I/we have the rights and privileges only of a visitor at the discretion of the Executive Committee.

COSTS: \$20.00 per person: In the rare case that Membership is declined, a full refund will be promptly issued.

If you would like your card posted, there is an additional \$4 postage charge.

Account Name: Mt Maunganui RSA

Account Number: 02-0372-0016660-000

Reference: New Applicant Name or the last 4 digits of your RSA Club Card (existing members)

SIGNED: _____ Date: _____

SIGNED: _____ Date: _____

OFFICE USE ONLY

Receipt Number: _____ Club Number: _____