

Kerikeri Returned & Services Association (Inc)



MEMBERSHIP APPLICATION FORM For year end June 30 2020

Surname _____ First Name _____

Residential Address _____

_____ PO Box _____ Post Code _____

Date of Birth _____

Phone _____

Mobile _____

Email address (for invoice and Newsletter's) _____

Associate Applicant: Yes / No

I am a New Zealand Citizen or have New Zealand Residency: Yes / No

Service applicant: Yes / No Service No: _____ Service/Unit: _____ Years: _____

Returned applicant: Yes / No Service No: _____ Service/Unit: _____ Years: _____

Membership as a Service Member or Returned Member is subject to us [receiving evidence of Service](#).

Have you ever been expelled or refused membership or had your membership cancelled at another RSA or Affiliated Club Yes / No

Rules and Conditions

1. After validation and issue, the Membership card remains the property of the Kerikeri RSA and must be relinquished on request
2. The rules of the Kerikeri RSA are available upon request from the Club office

Annual Membership Fee \$25.00 per person

NOTE: Correct fee must accompany this application for membership to be processed.

Signature of Applicant.....Date.....

Office use only

Membership Type

Membership #

Service Papers

Card Issued

Details Entered: Xero

Database

RNZRSA