

APPLICATION FOR ASSOCIATE MEMBERSHIP
OTAKI MEMORIAL RSA (INC)



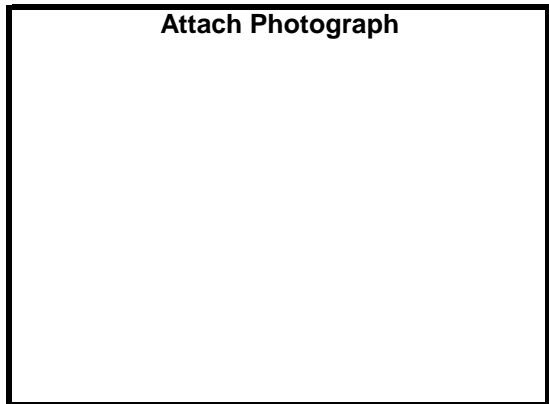
Mr, Mrs, Miss, Ms, Other -----

SURNAME -----

First Names -----

Also Known as -----

Occupation -----



Relationship (if any) to a present or past RSA member -----

PROPOSER -----
(PLEASE PRINT)

Current membership No. -----

SECONDER -----
(PLEASE PRINT)

Current membership No. -----

PLEASE ANSWER THE FOLLOWING QUESTIONS

Address -----

Phone No. -----

E-mail address -----

Date of Birth -----
(For RSA purposes only)

I am/have been a member of ----- club for ----- years

Have you ever been rejected or expelled from another club? YES/NO

Please delete whichever does not apply

I am a New Zealand Citizen

or I am a permanent Resident

or I am a citizen of a country belonging to the Commonwealth of Nations

or Other (specify) -----

I declare the information supplied is true and I agree to this application form and the attached photograph being displayed on the notice board in the Clubrooms for a minimum of 14 days and if admitted for membership I agree to be bound by the RSA's constitution and rules

Signature -----

Date -----

Note: A \$20 application fee is required. When your application has been accepted and the membership fee paid, \$20 will be credited to your membership card.