
	Otaki and District Memorial RSA Inc trading as the Otaki Community Club and RSA APPLICATION FOR MEMBERSHIP	
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Mr, Mrs, Miss, Ms, other		
SURNAME, or FAMILY name		
First names		
Known as		
Occupation		
Address		
Date of birth – membership fees are age dependent	/ /	
Phone Number landline		
Phone number mobile		
Email		
If you DO NOT wish to receive regular emails such as newsletters, please tick box	<input type="checkbox"/>	

I apply for membership of the Otaki and District Memorial RSA Inc, and I Declare that the information supplied is true and correct, and if admitted for membership I will agree to be bound by the RSA's constitution and rules available at the Otaki RSA office and on line at www.otakirsa.co.nz

Signature: _____ Date ____ / ____ / ____

Office use only

Received by Otaki RSA Date ____ / ____ / ____ by (name) _____

Membership Number _____

Membership category _____

Entered : Date ____ / ____ / ____ Initial/Name: _____