



## **MOUNT MAUNGANUI RSA MEMBERSHIP FORM**

I wish to apply to join the Mount Maunganui RSA as a **Returned / Service** member and to undertake to abide by the rules and standards of this Association.

SERVICE NO: ..... SURNAME: .....

INITIALS: ..... TITLE: Dr / Sir / Mr / Mrs / Miss / Ms

CHRISTIAN NAMES: .....

STREET.....CITY.....POSTCODE.....

E-MAIL ADDRESS (if you would like email) .....

PHONE: HOME (.....)..... WORK (.....).....

RANK: ..... WHICHFORCE: .....

DATE ENLISTED: ..... WHICH WAR: .....

DATE DISCHARGED: ..... DATE OF BIRTH: ...../...../.....

MILITARY UNIT: .....WHERE SERVED .....

OCCUPATION (eg Retired): .....

INTERESTS: (Please tick) Golf, Indoor Bowls, Outdoor Bowls, Fishing, Snooker, 8-Ball, Chess, Walking

TRANSFERRED FROM (if applicable): .....

PREVIOUS ADDRESS: .....

DISABILITY: Yes/No % OF DISABILITY:.....% LAST REVIEWED:.....

NEXT OF KIN: .....

PHONE NO: ..... RELATIONSHIP: (eg Daughter) .....

ADDRESS: .....

CURRENT WILL: Yes/No WHERE HELD .....

DO YOU HOLD A CURRENT DRIVERS LICENSE: Yes/No

WAR PENSION: Yes/No NUMBER: ..... Review Newspaper: Yes/No

GENERAL PRACTITIONER: .....

Proof of Service is required to accompany this application. i.e. Discharge Form, pay book, etc.

I declare that to the best of my knowledge the information provided in this application is accurate and I understand that if any false or misleading information is given, or any material is suppressed I may be refused membership, or if I have been accepted, my membership may be terminated.

Signed: .....(Applicant) Date: ..... / ..... / 20..... PTO

**OFFICE USE ONLY** Ret / Ser <60 / <70 / <80 / >80

Receipt No:..... Club No: .....

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

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Have you ever been convicted of any crime? YES  NO

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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

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**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.....



**MOUNT MAUNGANUI RETURNED AND SERVICES ASSOCIATION INC**

**APPLICATION FORM FOR ASSOCIATE MEMBERSHIP**

(If applying as a couple please fill in separate forms)

SURNAME: (Mr./Mrs./Miss/Ms).....

CHRISTIAN NAMES: .....

OCCUPATION: .....

ADDRESS: .....

..... Postcode .....

PHONE: ..... DATE OF BIRTH: .....

Email Address: .....

Have you ever been refused membership or expelled from any club?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever been convicted of any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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"/>
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**SIGNED .....** (Applicant) **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_

This form must be completed and returned along with the \$50.00 per person or \$80.00 per couple

**In the unlikely event of Membership being declined a full refund will be given.**

**OFFICE USE ONLY**

Receipt No..... Club No.....



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

Telephone: (07) 575 4477  
Fax : (07) 575 4477  
Email: [reception@mtrsa.co.nz](mailto:reception@mtrsa.co.nz)  
Web: [www.mtrsa.co.nz](http://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** .....

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**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"/>

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**SIGNED (Applicant)**..... **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_