

APPLICATION FOR MEMBERSHIP OF THE PAPANUI RSA

Applicant to complete

PLEASE PRINT CLEARLY

Title: Mr Mrs Ms Miss (circle one)		
First Names: _____	Surname: _____	
Preferred Name: _____	Occupation: _____	
Address: _____	Post Code: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Date of Birth: _____	Email: _____	
Do you wish to receive our monthly emailed newsletter? YES NO		

<u>RETURNED AND SERVICE PERSONNEL ONLY</u>	
Service No: _____	Theatre Served _____
Forces served with: _____	Unit: _____
Period Enlisted: _____	Discharged: _____
Do you wish RSA involvement at your funeral? YES NO	

<u>ASSOCIATE MEMBERSHIP ONLY</u>	
Proposer: _____	Signature _____
(Please Print)	

In Joining the Papanui RSA, I undertake to accept its Constitution and Rules and hereby declare that I have not been expelled or rejected from membership of any other Returned and Services Association.

Signed: _____ Date: _____

<u>OFFICE USE ONLY</u>	
Nomination Received: ____ / ____ / ____	Membership Actioned: ____ / ____ / ____
Subscription Paid: \$ _____ Cash / Cheque / Eftpos	
Receipt Number: _____	