APPLICATION FOR SERVING UNIFORMED MEMBERS OF THE NZ DEFENCE FORCE AND NZ POLICE

TITLE: Dr Mr Mrs Ms Miss

D.O.B:

FULL NAME:

ADDRESS:

POST CODE:

EMAIL: **PHONE:**

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

Will you allow your name and address to be supplied to Clubs New Zealand to be included on a national register of members? YES ☐ NO ☐

TERMS AND CONDITIONS OF MEMBERSHIP:

The Whangamata RSA operates under the Privacy Act code of practice.
I hereby agree to abide by the rules of this Club and certify the above information is correct.

MEMBERSHIP CARDS MUST BE CARRIED AT ALL TIMES.

I accept that my application for membership is subject to the registered rules of the Whangamata RSA and will be accepted or declined by the Executive Committee.

APPLICANTS SIGNATURE: _____ DATE: _____

SERVICE DETAILS:

Category of Membership: Current Serving - Returned ☐ Current Serving - Service ☐

Type of Service: Army ☐ Navy ☐ Air Force ☐ Police ☐

Service Number: _____

STAFF ONLY:

NEW MEMBER # _____

PROOF OF SERVICE / ID VIEWED ☐

RECEIPT ATTACHED ☐

STAFF MEMBER: _____

OFFICE ONLY

DATABASE ☐

NUMBERS ☐

APPLICATION ☐

CARD ORDERED ☐