



RSA

2016 RETURNED / SERVICE

I hereby apply for membership of the Waiheke Returned Services Association (Inc.), my details are listed below.

SURNAME:		GIVEN NAME:	
ADDRESS: STREET & NUMBER	SUBURB	CITY	POST CODE
OCCUPATION:		DATE OF BIRTH:	
TELEPHONE: HOME: MOBILE:		EMAIL:	

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTARY PROOF OF SERVICE - WHICH MUST ACCOMPANY THIS APPLICATION - IT WILL NOT BE PROCESSED WITHOUT SUCH PROOF

ARM OF SERVICE:	SERVICE NUMBER:
WAR/ACTIVE SERVICE DETAILS:	

FEES:	Returned or Service member	\$20
	Returned or Service member over 70 years of age	\$10
	Returned or Service member over 90 years of age	FREE

RSA Club Card Acceptance Form

By signing this agreement, I acknowledge that I agree to receive communications from the RNZRSA, Waiheke RSA and news about special deals and promotions for RSA members from their partners. At no time will your information be sent to any third party without your consent.

I acknowledge that if I am accepted for membership, I will be subjected to the Rules and Regulations of the Association and will abide by those Rules and Regulations.

Signature..... Date.....

RECORD OF DATABASE ENTRIES

New Members List		Executive committee meeting date	
Membership master list		New Card number allocated	
Till system list		New Card issued	