



ASSOCIATE MEMBER APPLICATION	
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TRIAL MEMBER APPLICATION	
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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
TELEPHONE: HOME: MOBILE:		DATE OF BIRTH:	
OCCUPATION:		EMAIL:	

Would you like to volunteer to help your club or fellow club members:

 Yes

 NO

RSA Club Card Acceptance Form

By signing this agreement, I acknowledge that I agree to receive communications from the RNZRSA and Waiheke RSA about news, special deals and promotions for RSA members from their partners including club monthly newsletters.

At no time will your information be sent to any third party without your consent.

I acknowledge that I will be subjected to the Rules and Regulations of the Association, and I agree abide by these Rules and Regulations.

Applicant's Signature:

Date:

FEE'S – over 18 YEARS \$30 – OVER 90 YEARS FREE

<u>ID Sighted</u>	NZ Drivers Licence	
	HANZ 18 + Card	
	Passport	
Pending meeting:	Executive committee meeting:	
	New Card number allocated:	
Fee received:	\$	Staff Signature: