



Ashhurst Memorial RSA Inc

74 Cambridge Ave, Ashhurst 4810, Tel: 06 3268296
Email: secretary@ashhurstrsa.co.nz Website: www.ashhurstrsa.co.nz

MEMBERSHIP APPLICATION

Membership Applications are invited from adults of all ages who are citizens or permanent residents of New Zealand or any other Commonwealth Country.

Title: *(Please circle)*

Mr Mrs Miss Ms

Surname: First Name:

Address:

DOB: Cellphone:

Email:

Would like to join the Ashhurst Memorial RSA Incorporated as a following member: -

Please check appropriate box and (*) compulsory: -

- Returned Service Personnel *Service Number:
- Service Personnel (Including NZ Police) *Service Number:
- Associate
- Youth
-

We (Proposer) and

..... (Seconder) nominate the above prospective member to join the Ashhurst Memorial RSA Inc.

I (Prospective member) agree to abide by the rules of the Ashhurst Memorial RSA Incorporated Club. The Club is non-secretarian and non-party political. Membership is not open to any person who is also a member of any party, organisation, association or other body whose allegiances or objectives are inconsistent with those of the RSA movement. It is a prerequisite that members of the Ashhurst Memorial RSA Incorporated be of good standing and believe in the ideals of the RSA movement.

.....
Signed by prospective member Date

.....
Approved/Declined RSA Executive Date

Office use only

M/Ship No.		Date Paid		Receipt No.	
Entered D/B		By Whom		Card Issued	