



Ashhurst Memorial RSA Inc

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Ashhurst
4810

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www.ashhurstrsa.co.nz

Welfare Support Application Form (version 1)

Name (full): _____

Address: _____

Type of Support Required: _____

Signature:

Date:

Financial RSA member
Returned
Service
Police
Member

Yes/No
Yes/No
Yes/No
Yes/No
Yes/No

(Welfare Section)

(Circle one):

Poppy Fund / Welfare Account

Supporting documentation:

Applicants financial position,
Copy of invoices,
Any other supporting documents.

Welfare application:

Approved/Not Approved

Date:

Welfare Section personnel (signatures)

Welfare Member

Name:

Signature:

Date:

Welfare Member

Name:

Signature:

Date:

Welfare Member

Name:

Signature:

Date:

Welfare Member

Name:

Signature:

Date: