MEMBERSHIP APPLICATION
Te Awamutu & District Memorial RSA

381 Alexandra Street Te Awamutu. Phone: 07 8703707

PERSONAL DETAILS:

Title: Dr ○ Mr ○ Mrs ○ Miss ○Ms ○ (please tick)

Last name: _____ First Name/s: _____

Address: _____

City: _____ Post code: _____

Home Phone: _____ Mobile: _____

Email: _____ Date of Birth _____ /_____ /_____

PERSONAL HISTORY:

Have you ever had your membership of any club declined, suspended or revoked? Yes ☐ No ☐

Have you ever been convicted of a criminal offence? (not covered by the Clean State Act 2004) Yes ☐ No ☐

PRIVACY ACT / DECLARATION:

- The Te Awamutu RSA is collecting and will hold, the information on this form. In accordance with the provisions of the Privacy Act 1993 (and its amendments) the applicant is entitled to access and correct the information being held by the Club. The Club is collecting the information to:
  a) Enable it and its members to assess the applicant's suitability for membership (including transfers of membership)
  b) Administer its operation and assist RNZRSA and affiliated clubs that are members of Clubs NZ to administer their operations.
  c) Enable it RNZRSA and Clubs NZ to compile a list of financial members of affiliated clubs to send those members promotional, marketing and other material via email, mobile and or post.
- I confirm that I am 18 years of age
- I confirm I agree to abide by the Club 's rules and bylaws, as may be amended from time to time.
- I acknowledge that if I provide any false or misleading information in this application that my membership may be cancelled.
- Membership is subject to approval by TA RSA Executive Committee.

By signing below, I declare I am aware of, fully understand and agree to all of the above information.

Signature of Applicant: _____ Date: _____/_____/_____

Application must be accompanied by photo ID and payment of current membership fee.

Office:

Member #	M Type	EXEC	POS	RNZRSA	MASTER	CARD