



MEMBERSHIP APPLICATION

Te Awamutu & District Memorial RSA

381 Alexandra Street Te Awamutu. Phone: 07 8703707

SERVICE MEMBER:

PERSONAL DETAILS:

Title: Mr / Mrs / Miss / Ms (please circle)

Last name: _____

First Name/s: _____

Address: _____

City: _____

Post code: _____

Home Phone: _____

Mobile: _____

Email: _____

Date of Birth _____ / _____ / _____

SERVICE HISTORY:

Service Number: _____ Approx years of Service: _____ to _____

ARMY/NAVY/ AIR-FORCE/ OTHER _____ Unit: _____

Highest Rank: _____

Overseas Service: where served? _____

No of Tours: _____

Length of Overseas Service: _____

Awards: _____

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:
 - Enable it and its members to assess the applicant's suitability for membership (including transfers of membership)
 - Administer its operation and assist RNZRSA and affiliated clubs that are members of Clubs NZ to administer their operations.
 - 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 the 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
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