



New Lynn Returned Services Association (Inc.)

Application for RETURNED/SERVICE Member

NAME:..... **SERVICE NO:**.....
(Surname)

ADDRESS:..... **DOB:**.....

..... **PHONE NO:**.....

BRANCH AND SERVICE:..... **MOBILE:**.....

UNIT & WHERE SERVED:..... **EMAIL:**.....

APPLICANTS SIGNATURE:.....

Office use only

Papers sighted:..... **Fee paid:**.....

Application approved:..... **Receipt no:**.....

Card No:.....