



NEW LYNN MEMORIAL RSA  
APPLICATION FOR ASSOCIATE MEMBERSHIP

Mr/Mrs/Ms/Miss: Surname .....

First Name..... Middle .....

Address .....

..... Post Code.....

Email..... Occupation .....

Phone Hm ..... Mobile .....

Phone Wk ..... Date of birth .....

Have you every been known by any other name YES / NO  
If YES what name .....

Are you a NZ Citizen, or a permanent resident of NZ? YES / NO  
Country of birth  
.....

Have you ever been convicted of a crime YES / NO  
If YES state details .....

Has your membership ever been declined, suspended or revoked from any  
Club YES / NO If YES name of Club and details  
.....

Will you be prepared to assist with club activities, poppy sales etc YES/NO

**Please supply a recent passport size photograph and an application fee of \$30.00**

Signature of Applicant ..... Date .....

Membership Number ..... **Please see reverse for conditions**

# NEW LYNN MEMORIAL RSA APPLICATION FOR ASSOCIATE MEMBERSHIP

**Note: The following conditions will apply:**

- For this application to be valid all sections must be filled in
- The New Lynn Memorial RSA will have the right to check on any information supplied on this application form
- Any information found to be false may result in membership being revoked
- This application form will be displayed within the Clubrooms (personal details deleted)
- If the member is expelled or suspended by the Executive Committee for any reason, the New Lynn RSA will have the right to inform other Affiliated Clubs of this decision.

**Please tick club activities you may be interested in:**

<input type="checkbox"/>	<b>Snooker</b>
<input type="checkbox"/>	<b>Pool</b>
<input type="checkbox"/>	<b>Indoor Bowls</b>
<input type="checkbox"/>	<b>Outdoor Bowls</b>
<input type="checkbox"/>	<b>Darts</b>
<input type="checkbox"/>	<b>Golf</b>
<input type="checkbox"/>	<b>Fishing</b>
<input type="checkbox"/>	<b>Over 60's</b>
<input type="checkbox"/>	<b>Friday night dancing</b>

**Other activities you may be interested in .....**