



NEW LYNN MEMORIAL RSA
2 Veronica Street, New Lynn. Ph 827-3411

**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

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

Annual Membership fee \$45

Signature of Applicant Date

Membership Number **Please see reverse for conditions**

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

Other activities you may be interested in