



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

**APPLICATION FOR
RETURNED MEMBERSHIP**

Mr / Mrs / Ms / Miss:

Surname

First Name..... Middle

Address

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

Email..... Occupation

Phone Hm Mobile

Phone Wk Date of birth

Service Number:Branch & Service

Unit & Where Served

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 \$20 (Retired) \$25 (Working)

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**
- **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