



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

**APPLICATION FOR  
SERVICE 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"/>	<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>
<input type="checkbox"/>	<b>Petrol Heads</b>

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