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**OTOROHANGA RETURNED AND SERVICES ASSOCIATION INCORPORATED**

*(Estd 1931)*

P.O. Box 98 **PRESIDENT:** Richard Holt

OTOROHANGA 3940 **SECRETARY:** Mark Davey

**rsaotorohanga@gmail.com**

**MEMBERSHIP APPLICATION FORM**

I wish to make an application to join the Otorohanga Branch of the Returned and Services Association Incorporation and I submit the following information to support that application.

**First Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Type: Returned / Service / Widow or Widower / Member**

***Service Details if applicable***

**Service Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ **Rank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Navy / Army / Air Force Regular Force / TF / CMT / Reserve / Other Military**

**Time Served:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ship/ Unit/ Base:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operational Service: Yes / No Theatre(s) / OPS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOK/ Alternate Contact Details**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Have you ever been refused membership of any club or society?** | YES ☐ | NO ☐ |
| **Have you ever been convicted of any crime?** | YES ☐ | NO ☐ |
| **Will you allow your details to be forwarded to RNZRSA and Clubs NZ?** | YES ☐ | NO ☐ |

The full rules, relevant policies, including the privacy policy are available on request from the Otorohanga Returned & Services Association Incorporated.

I accept that my membership is subject to the registered rules of the Otorohanga Returned & Services Association Incorporated and will be accepted or declined by the Executive Committee.

**Applicants Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscriptions Payment**

Payment of $15.00, being the Subscription for the year.

* **Internet Banking**: ANZ Bank Account Number: **010-391-0007743-00**

*(Please use your Christian & Surname in the Particulars Column)*