

# Hobsonville RSA Inc.

ASSOCIATE MEMBERSHIP APPLICATION

Confidential



(Please Print CLEARLY)

TITLE: \_\_\_\_\_ SURNAME: \_\_\_\_\_ First Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone No Home: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please note that all correspondence is via email, including weekly newsletters & annual subscription renewal

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: Single Married DeFacto Widow(er) Spouse's First Name: \_\_\_\_\_

Details of membership of any other RSA: \_\_\_\_\_

Proposed & Seconded by: (must be a financial member of Hobsonville RSA Inc)

Please print CLEARLY

Proposed by: \_\_\_\_\_ Member No: \_\_\_\_\_

Signature: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Member No: \_\_\_\_\_

Signature: \_\_\_\_\_

Fees: 01 January to 31 December 2026

Please Circle One

TEN YEAR SUBSCRIPTION : \$500:00

LIFETIME SUBSCRIPTION : \$1000:00

ASSOCIATE: To age 65 \$60:00

65 to 80 \$30:00

Over 80 Free

Declaration:

I, the Applicant understand that I must abide by all of the rules and regulations of the Hobsonville R.S.A and that any false particulars given here may invalidate my membership of the Hobsonville Returned Service Association (Inc.) I also declare that I have never had disciplinary action taken against me by another club. All money paid by the Applicant shall be refunded in full in the event of an application being unsuccessful. The committee's decision is final and no correspondence will be entered into.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Subscription fee: \$ \_\_\_\_\_

Date paid: \_\_\_\_\_

Computer Updated: \_\_\_\_\_

Card No. \_\_\_\_\_

VALID FOR NEW MEMBERSHIPS For the period 01.01.2026 to 31.12.2026