

# Hobsonville RSA Inc.



## CURRENT SERVICE MEMBER

### Membership Form

CONFIDENTIAL

## \$40:00 MEMBERSHIP

(Please Print)

Rank: \_\_\_\_\_ Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. Hm: \_\_\_\_\_

\_\_\_\_\_ Phone No. Wrk: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Postal Address if different from above: \_\_\_\_\_

\_\_\_\_\_

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

(Circle One)

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

Details of membership of any other R.S.A: \_\_\_\_\_

Service Details: (please circle) ARMY NAVY AIRFORCE POLICE FIRE

Service Number: \_\_\_\_\_

Do you have a RSA Badge: Yes No Do you wish to Purchase: Yes No (\$15.00 each)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PERIOD: 01 JAN to 31 DEC

CURRENT SERVING \$40:00 membership per year

OFFICE USE ONLY

Subscription fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Computer Updated: \_\_\_\_\_ Card No. \_\_\_\_\_

VALID FOR NEW MEMBERSHIPS FROM 01.01.2022