

Hobsonville RSA Inc.



CURRENT SERVICE MEMBER

Membership Form CONFIDENTIAL

RANK _____ 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: _____

Service Details
Please circle one AIRFORCE ARMY NAVY FIRE POLICE

Service Number : _____

Medals received : _____

Fees: 01 January to 31 December **2023**

Please Circle One

TEN YEAR SUBSCRIPTION : \$500:00

LIFETIME SUBSCRIPTION : \$1000:00

CURRENT SERVICING: \$40:00

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 RSA (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. _____