

Hobsonville RSA Inc.



RETURNED AND SERVICE

Membership Application
CONFIDENTIAL

(Please Print)

Title: _____ Surname: _____ First names: _____

Address: _____ Phone No. Hm: _____

_____ Phone No. Wrk: _____

Post code: _____ Mobile No: _____

Email: _____

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: _____

Medals received _____

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

SIGNATURE OF APPLICANT: _____ DATE: _____

FEES: 01 JAN to 31 DEC

TEN YEAR SUBSCRIPTION \$500:00

LIFETIME SUBSCRIPTION \$1000:00

RETURNED MEMBER & SERVICE MEMBER to age 65 \$50 65 to 80 \$30 Over 80 FREE

OFFICE USE ONLY

Subscription fee: \$ _____ Date paid: _____

Computer Updated: _____ Card No. _____

VALID FOR NEW MEMBERSHIPS FROM 01.01.2022