

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 2024

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 01.01.2024 to 31.12.2024