

Hobsonville RSA Inc.

ASSOCIATE MEMBERSHIP APPLICATION

Confidential



(Please Print)

Title: _____ 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: _____

Proposed and Seconded By: (Must be a financial member of Hobsonville R.S.A Inc)

Proposed By: (Please Print) _____ Membership No. _____

Signature: _____

Seconded By: _____ Membership No. _____

Signature: _____

Do you have a RSA associate badge? Yes No Do you wish to purchase? Yes No (\$15.00)

FEES: 01 JAN to 31 DEC

TEN YEAR SUBSCRIPTION \$500:00

LIFETIME SUBSCRIPTION \$1000:00

ASSOCIATE to age 65 \$60

65 to 80 \$30

Over 80 FREE

(Please circle)

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. _____