

PORIRUA RETURNED AND SERVICES ASSOCIATION INC.

MEMBERSHIP APPLICATION FORM - ASSOCIATE MEMBERSHIP

PRIVACY ACT 1993

- 1. The Association is collecting and will hold the information on this form. The information is required so;
a.) it and its members can assess the applications suitability for membership (including transfers of membership).
b.) it can administer its operation and to assist the Royal New Zealand RSA and Clubs NZ Inc to administer theirs.
2. The applications name will be displayed on the Associations Notice Board.
3. The applicant acknowledges by signing this form that he or she has authorised the Association to obtain, check, exchange information with and supply information to, members of the Association, RNZRSA, Clubs NZ. And Associations who are members of or affiliated to RNZRSA or Clubs NZ.
4. The applicant is entitled, under the Privacy Act 1993 to have access to, and request correction of personal information held by the Association about the applicant.

SURNAME Mr/Mrs/Miss/Ms/Dr

FORENAMES

Are you or have you ever been known by any other name? YES / NO

If YES please write the name here in full

Full Residential Address.....

Postal Address (if different from above)

Date of Birth ___/___/___ Occupation

Phone's Pvt Mobile Bus Email

ACTIVITY/INTEREST (Tick as many as appropriate) Indoor Bowls, Darts, Cards, Snooker Pool, ENTERTAINMENT - Dances, Shows, Music (Jazz Easy Listening-Country-Modern-Pop)

Other please state.....

I hereby agree to abide by the Rules and By Laws of the Association and certify that the Information provided on this form is correct. I acknowledge that if I have given false information it could result in automatic cancellation of my application and/or membership. I certify that I am not suspended nor have I been expelled from, any other Club or Association.

Applicants Signature Date

THE SUBSCRIPTION DETAILED ON THE REVERSE MUST ACCOMPANY THE APPLICATION

Proposed by Membership No

Signed by proposer

Seconded by Membership No

Signed by proposer

Office Use only

Fee Paid Receipt No Date Label No

DB CO ACK MM.....