

**PORIRUA RETURNED AND SERVICES ASSOCIATION INC.**

**MEMBERSHIP APPLICATION FORM- RETURNED or SERVICE 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 .....

**SERVICE DETAILS (formal evidence required)**

SERVICE NO. ....

SERVICE .....

RANK .....

UNITS .....

AREAS OF SERVICE .....

Do you require the RSA Review? **YES/NO**

**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 .....

**Service Confirmation – Documents Sighted**

Signed \_\_\_\_\_ Secretary

**CONTRARY TO POPULAR BELIEF. THE RSA WILL NOT BURY YOU**

*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**

**Office Use only**

Fee Paid ..... Receipt No ..... Date ..... Label No .....

DB ..... CO ..... ACK ..... MM.....