

Associate

Name _____

Address _____

Phone / Mobile _____

Email _____

Date of Birth / /

Occupation _____

Nominees signature: person joining _____

Proposer _____

Card number _____

Proposer signature _____



The Te Atatu Memorial
RSA Inc

PO Box 45022
Te Atatu Peninsula
1 Harbour View Road

Phone 834 3698
Fax 834 5092
office@teatatura.co.nz

Proposer must be a member of this club and accepts responsibility for the nominees' adherence to the club rules for the next six months and that any disciplinary action will apply to us both.

In accordance with the rules of the Te Atatu RSA, I hear by **declare** this information is correct and to the best of my knowledge.

I have never been refused membership, suspended or expelled from any club.

I **understand** my application for membership will not proceed, if I knowingly submit false information.

Returned' Service and Active Service Membership or Transfer

Name	_____	Fees	
Address	_____	Associate Joining fee	50
		Fee payable with application	
Phone / Mobile	_____	Associate	40
Email	_____	Associate +	30
Date of Birth / /		Active Service	Free
Regiment No	_____	Returned	20
Service No	_____	Returned +	10
Unit	_____	Returned	
Date of service	_____	Widow or Spouse	20
War served in	_____	Service or Spouse	40
		Service or Spouse +	30
		Service	
Signature: _____		Widow or Spouse	40

The above named, having paid a subscription year ending 31st December _____ desires to be transferred

RSA _____

Attached photo

Certified Correct
Secretary _____

Next of Kin

Name _____

Phone _____