

APPLICATION FOR WAIHI RSA MEMBERSHIP

TYPE OF MEMBERSHIP REQUIRED

New Club Membership

Please print clearly, Thank you

APPLICANT: TITLE Mr Mrs Miss Ms (Delete what does not apply)

FULL NAME

ADDRESS

DATE OF BIRTH

EMAIL.....

PHONE NO.....

SIGNATURE DATE.....

The subscription is: - Please tick one

Service and Returned \$20.00

Club member \$35.00

Over 80s \$20.00

☐ I would like my membership card posted; I have included an additional \$5.00 with my membership fee.
(Please ensure your address is correct)

☐ I have not been convicted of any crime within the Crimes Act?

☐ By filling in this form and paying my sub, I consent to become a member of the Waihi RSA and understand, if elected, to abide by the Clubs Constitution, by – laws, and policies. The full constitution, bylaws and relevant policies, including the privacy policy are available on request from the Club. I accept that my application for membership is subject to the registered constitution of the Waihi RSA and will be accepted or declined by the Committee.

☐ I understand that my membership will be processed once my payment has cleared.

**Bank details:
Waihi Memorial RSA Inc
06-0473-0017240-00**