



Glen Eden Returned & Services Association (Inc)

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glenedenrsa@xtra.co.nz

APPLICATION FOR ASSOCIATE / SERVICE / RETURNED MEMBERSHIP

Please circle one of the above.

FULL NAME: Mr / Mrs / Miss / Ms _____

ADDRESS _____

PARTNERS NAME (If any) _____

OCCUPATION _____

Phone Home : _____ Mobile _____

E Mail Address _____

PHOTO	
DATE	TIME

I declare that the above particulars are a true statement and that I have never been expelled from any other RSA or Chartered Club.

SIGNITURE OF APPLICANT _____

DATE _____ DATE OF BIRTH _____

SERVICE & RETURNED APPLICANTS ONLY

SERVICE NUMBER _____ UNIT IN WHICH SERVED _____

HAVE YOU EVER BEEN ISSUED AN RSA BADGE: YES / NO HAVE YOU A BADGE NOW: YES / NO

Proof of Service must accompany any application

MEMBERSHIP FEE: Associate \$60 Returned / Service \$30 Returned / Service Over 60 years old \$20
FEE MUST ACCOMPANY APPLICATION FORM

FOR OFFICE USE ONLY

He/She will be accepted as a Member

Signed _____ Date _____