



Glen Eden Returned & Services Association (Inc)

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MEMBER OF



CLUBS
NEW ZEALAND INC

PHOTO	
DATE	TIME
Paid \$	

APPLICATION FOR ASSOCIATE / SERVICE / RETURNED MEMBERSHIP

Please circle one of the above.

FULL NAME: Mr / Mrs / Miss / Ms _____

ADDRESS _____ **Postcode** _____

OCCUPATION _____ **DATE OF BIRTH** _____

PARTNERS NAME (If any) _____

Phone Home : _____ **Mobile** _____

Email Address _____ **Please email me Club info** YES / NO

Will you allow your name and address to be supplied to Clubs New Zealand and RNZRSA to be included on a national register of members? YES / NO

Have you ever been refused membership or expelled from any chartered club? YES/NO *If YES, please advise name of Club and full details* _____

PRIVACY ACT STATEMENT

The Glen Eden RSA is collecting and will hold the information on this form. The information is required so that the Club and its members can assess the applicant's suitability for membership (including transfer of membership). The information is confidential and will not be disclosed to other parties without the consent of the applicant.

The applicant is entitled, under the Privacy Act 1993, to have access to, and request correction of personal information held by the Club about the applicant.

I acknowledge that I have read the Privacy Statement above, and acknowledge that the Club will make enquiries into my suitability as a member and should my application for membership be refused, the Club is not required to supply a reason for that refusal.

I hereby agree to abide by the Constitution of the Club and certify that the information provided on this form is correct. I acknowledge that if I have given any false information, it could result in automatic cancellation of my application and or membership of the Club.

SIGNATURE OF APPLICANT _____ **DATE** _____

MEMBERSHIP FEE: Associate \$40. Returned / Service \$30. Returned / Service Over 60 years old \$20

FEE MUST ACCOMPANY APPLICATION FORM

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 Application

PASSED AT THE EXECUTIVE COMMITTEE MEETING

He/She will be accepted as a Member. Signed _____ Dated _____