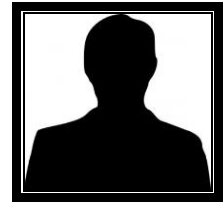


PAPATOETOE & DISTRICT RSA INC. MEMBER APPLICATION FORM

22 Wallace Road
Papatoetoe 2025
Ph. (09) 278 6372
E-mail: prsapapatoetoe@gmail.com
E-mail: manager@papatoetoersa.org.nz
E-mail: office@papatoetoersa.org.nz



TITLE MR / MISS / MRS / MS _____

AFFIX PHOTO HERE

FIRST NAMES (all) _____

SURNAME _____

(PLEASE NOTE: Your name and photo will be displayed for member's perusal until approved at the next Executive Meeting following your application).

✂ _____

ADDRESS _____

DATE OF APPLICATION _____ Date of birth _____ Occupation _____

EMAIL ADDRESS _____

CONTACT PHONE Nos _____

HAVE YOU BEEN A MEMBER OF ANOTHER CLUB? YES / NO. IF SO, WHICH CLUB? _____

HAVE YOU EVER BEEN EXPELLED SUSPENDED OR REFUSED MEMBERSHIP FROM ANY OTHER CLUB? YES / NO

APPLICANTS SIGNATURE.....

NEXT OF KIN (NAME AND PHONE NUMBER) _____

YOUR SUBSCRIPTION FEE OF \$40 WILL BE DUE UPON APPLICATION.

Privacy Act 1993

The Papatoetoe & District RSA is collecting and will hold information on this form. The information is required so:

1. Members can assess the applicant's suitability for membership
2. Can administer its operation and assist other clubs affiliated within Clubs New Zealand.

The applicant acknowledges that by signing this form he/she has authorised the Papatoetoe & District RSA to obtain, check and/or exchange information with its members or Club New Zealand representatives. The applicant is entitled under the Privacy Act 1993 to have access to and/or request correction of personal information held by Papatoetoe & District RSA about the applicant.

All applicants must be NZ Citizens or have obtained permanent residency and proof may be requested.

For Office Use only

Identification sighted: Passport/Driver's Licence Number _____ Staff: _____

Application presented at Committee Meeting Date _____

Application approved / declined Date _____

Fees Received Date _____ Amount: _____

Membership # Allocated Number _____

Membership details entered on computer Yes / No