

Morrinsville District Memorial RSA (Inc)

PO Box 48, Morrinsville 3300, NZ
Phone: (07) 889 7014
Fax: (07) 889 7801

Email: admin@morrinsvillersa.co.nz
Web: www.morrinsvillersa.co.nz



APPLICATION FOR MEMBERSHIP

(PLEASE PRINT CLEARLY)

FULL NAME:

DOB: **OCCUPATION:**

POSTAL ADDRESS:

E-MAIL ADDRESS:

PHONE No.:

MOBILE:

PROPOSER: **SECONDER:**
(Sign) (Sign)

PRINT: **PRINT:**

If admitted as an Associate Member, I agree to conform with the Rules of the Morrinsville District Memorial RSA Inc. An abbreviated version is in your information pack and the full rules displayed in the Club library and support the aims and principles of the Association.

I understand that the annual subscription expires on the 31st January of each year and must be renewed within three months.

I also understand that Associate Members may introduce and sign in visitors on the same terms and conditions as shall from time to time apply to financial members of the Returned Services Association.

SIGNED: **DATE:**

This form must be returned to the Club and will be forwarded to the next membership committee meeting for acceptance.

The full membership fee must be paid prior to uplifting your card or may be included with your application.

If accepted as a member. Membership is not finalized until full payment is received. Once full payment has been received your membership card will be forwarded to you if not uplifted from the club.

We are always looking for new volunteer drivers for our courtesy van. If you can help please contact the office during office hours above

