



Morrinsville and Districts
Memorial RSA (Inc)

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APPLICATION FOR MEMBERSHIP AS A RETURNED/SERVICE MEMBER

I _____ of _____

_____ apply for membership as a
service/ returned service member of the Morrinsville and Districts Memorial Returned Services Assn Inc.

I Declare:

- (1) That I undertake to abide to its constitution and rules
- (2) That I have not been expelled or rejected from any other Returned Services Assn.
- (3) That the following details of my service which would qualify me as a member are to the best of my knowledge are true and correct. (Papers to prove such service must accompany this application.)
- (4) That I was not dishonourably discharged from the service

Signature _____ Date _____

Surname _____ Christian names _____

Rank _____ Service no _____

Service Branch Navy Army Air Force Police

Date enlisted _____ Date discharged _____

Birth date _____ Phone no _____

Email address - _____

We the undersigned being financial members of the Morrinsville and Districts Memorial Returned Services Assn. recommend the above for admission as a member We are always looking for new volunteer drivers for our courtesy van. If you can help please contact the office during office hours above

Proposed by _____ Print _____

Seconded by _____ Print _____

Date _____