



Henderson R.S.A. (Inc.)
ASSOCIATE MEMBERSHIP APPLICATION
(Junior)

Please attach Photo

(Please Print)

Title: _____ Surname: _____ First Names: _____

Address: _____ Phone No. Hm _____

_____ Phone No. Wk _____

Email _____ Mobile No. _____

Postal address if different from above:

Date of Birth: _____ Occupation: _____

Details of membership of any other R.S.A. _____

Proposed and Seconded By: (Must be financial members of Henderson RSA Inc)

Proposed By: (Please Print) _____ Membership No. _____

Signature: _____

Seconded By: (Please Print) _____ Membership No. _____

Signature: _____

Declaration:

I, the Applicant understand that I must abide by all of the rules and regulations of the Henderson R.S.A and that any false particulars give here may invalidate my membership of the Henderson Returned Services Association (Inc.). I also declare that I have never had disciplinary action taken against me by another club.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

*****INCOMPLETE FORMS WILL NOT BE ACCEPTED*****

Office Use Only	
Application Fee Receipt _____	Subscription Fee Receipt No. _____
Temporary Card No: _____	Card No. _____
	Lucky No: _____
Computer Updated _____	