



# Henderson RSA Inc

## Associate Membership Application

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Ph (Home) \_\_\_\_\_

\_\_\_\_\_ Ph (Work) \_\_\_\_\_

Email \_\_\_\_\_ Ph (Mob) \_\_\_\_\_

Please check the box if you do NOT want to receive emails/offers from Henderson RSA

Postal Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

D.O.B \_\_\_\_\_ Occupation \_\_\_\_\_

Details of membership at any other RSA \_\_\_\_\_

**Declaration:**

I, the Applicant, understand that I must abide by all of the rules and regulations of Henderson RSA and that any false particulars given here may invalidate my membership. I also declare that I have not had disciplinary action taken against me by another club and that I am happy to pass on my personal details to the RNZRSA and Clubs New Zealand whom the club and its members are also members of.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* Incomplete forms will not be accepted\*\***

<b><u>Office Use Only</u></b>	
Subscription Fee \$ _____	Card No issued _____
Receipt Number _____	
Application proposed by _____	Card No _____
Application seconded by _____	Card No _____
Computer Updated _____	