



NOMINATION FOR MEMBERSHIP WANGANUI RSA



Name of Candidate: Mr/Mrs/Miss/Ms _____

Occupation: _____ Date of Birth: _____

Postal Address: _____

Phone: _____ Email: _____

Have you ever been declined membership at another Chartered Club? Yes/No

I am over the age of thirteen (13) and I undertake to abide by the rules and regulations of the Wanganui RSA Inc. Written permission is required from parent/caregiver for Junior Members (13—17 years) to join.

Signature: _____

Proposer's Name & Membership No _____
(please print and sign)

Secunder's Name & Membership No _____
(please print and sign)

Date of application: _____ Date approved: _____

A passport size photo will be taken and attached to this application.

RETURNED & SERVICE PERSONS PLEASE COMPLETE THE FOLLOWING SECTION

Service No: _____ **RETURNED or SERVICE R / S**

Unit: _____ **Rank on Discharge** _____

Theatre of War: _____

Are you a current serving member in either the Armed Forces of the New Zealand Police Force? Yes/No

Returned and/or Service Persons please present to the office an item that can be photo copied that is proof of service.

Thank you.