



MEMBERSHIP # _____

TOKAANU-TURANGI & DISTRICTS MEMORIAL RSA (INC)
P O Box 1, Katopu Pl, Turangi
Telephone: (07) 3868717
www.rsaturangi.co.nz
Email: trgirsas@hotmail.com

APPLICATION FOR ASSOCIATE MEMBERSHIP

TITLE:NAME IN FULL.....

ADDRESS:

TELEPHONE NUMBER: EMAIL:

D.O.B:OCCUPATION

ARE YOU SUSPENDED FROM ANY LICENSED CLUB:

Nominated by: (please print): Signature:

Seconded by: (please print): Signature:

By signing this form I agree to abide by the Rules of Tokaanu-Turangi & Districts Memorial RSA (Inc.), if accepted for membership.

SIGNATURE OF APPLICATION:

DATE RECEIVED:by:

Election to membership will be by ballot of the Executive Committee, after this application has been displayed in the clubrooms for at least 14 days.

Application will be advised of the result of the ballot by mail.

Office use: CMS DRAW LETTER PAYMENT