



MEMBERSHIP # \_\_\_\_\_

TOKAANU-TURANGI & DISTRICTS MEMORIAL RSA (INC)  
P O Box 1, 24 Katopu Pl, Turangi  
Telephone: (07) 3868717  
www.rsaturangi.co.nz  
Email: trgirsas@hotmail.com

**APPLICATION FOR MEMBERSHIP**

**RETURNED SERVICE OR SERVICE** (please circle one)

TITLE: .....NAME IN FULL.....

ADDRESS: .....

TELEPHONE NUMBER: ..... EMAIL: .....

D.O.B: .....OCCUPATION: .....

SERVICE TYPE: .....SERVICE #: .....

Service credentials: .....War Served: .....

Next of Kin & Address: .....

***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.

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

Office use: CMS  DRAW  LETTER  PAYMENT