



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

TOKAANU-TURANGI & DISTRICTS MEMORIAL RSA (INC)  
P O Box 1, Katopu Pl, Turangi  
Telephone: (07) 3868717

www.turangirsa.co.nz  
Email: admin@turangirsa.co.nz

**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: .....

**APPLICATION MUST BE PAID IN FULL BEFORE IT WILL ACCEPTED**

Election to membership will be by ballot of the Executive Committee, after your name 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