



MEMBERSHIP # _____

TOKAANU-TURANGI & DISTRICTS MEMORIAL RSA (INC)
P O Box 1, 24 Katopu Pl, Turangi
Telephone: (07) 3868717

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

APPLICATION FOR MEMBERSHIP

RETURNED SERVICE **SERVICE** **(please tick 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:

APPLICATION MUST BE PAID IN FULL BEFORE IT WILL ACCEPTED

APPLICATION MUST INCLUDE PROOF OF SERVICE

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