



**NGARUAWAHIA RSA MEMORIAL CLUB INCORPORATED**  
 4 Market Street, PO Box 74, Ngaruawahia 3742  
 Phone: 07 824 8905  
 Email: ngaruawahiaarsa@gmail.com

### Membership Application

- New Member (Complete all sections of this form, excluding section 6)
- Transfer from another Club: Club Name: \_\_\_\_\_ Member # \_\_\_\_\_  
 (Please complete all sections, excluding section 5)
- Renewal - updated information required: # \_\_\_\_\_ (Please complete sections 1, 2, 3 and 4 as required.)

1. First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Email Address: \_\_\_\_\_

#### 3. Please tick applicable boxes:

- Club Member       Service Member (# \_\_\_\_\_)       Returned Service (# \_\_\_\_\_)

*Please note: If you are applying for Returned or Service Membership, proof must be given on request.*

I hereby agree to abide by the Club Rules in accordance with our constitution and the Dress Code of the club. I will also respect staff when they are reinforcing the rules as required in accordance with the 1989 Sale of Liquor Act and any future amendments or any re-enactments thereof. I certify that all information on this form is true and correct. I acknowledge that if I fail to abide by the above rules and provide incorrect information, then this is a breach of membership requirements and will result in the automatic cancellation of my membership. All information obtained on this form will be used at the discretion of the Ngaruawahia RSA and can be accessed by you to alter any details on request. You are entitled, under the Privacy Act 1993 to have access to, and request correction of personal information held by the club about you. I further agree to receive any material via email, mobile text and/or post regarding any events or information about the Ngaruawahia RSA.

4. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On acceptance as a member of the club the applicant shall receive an account for the current year's subscription which is to be paid at the office of the club within 14 days. If payment is not received within this period the membership shall become invalid. You further agree to help fundraise money for the RSA by selling tickets in our annual raffle.

I know the applicant personally & in accordance with the rules, recommend him/her for membership

5. Nominated by: I \_\_\_\_\_ have known the applicant for \_\_\_\_\_ years.

Signature: \_\_\_\_\_ Member No: \_\_\_\_\_ Date: \_\_\_\_\_

#### 6. To be completed by the club approving the transfer.

I certify that the above named person is of good moral character and of sober habits and to the best of my knowledge, has not previously been rejected, suspended or expelled from this or any other club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Appointment: \_\_\_\_\_

Club Fees			Service Fees			Date Payment Received:
Age	\$	Paid	Age	\$	Paid	
Under 90yrs	\$40.00		Under 60yrs	\$30.00		Staff Name:
Over 90yrs	Free	N/A	60 to 74yrs	\$25.00		
Replacement Card		\$5.00	75 to 90yrs	\$15.00		Membership No:
			90yrs	Free	N/A	

**FOR OFFICE USE ONLY:**