

SURNAME: _____ Mr/Mrs/Miss/Ms
 FIRST NAMES: _____
 Are you, or have you ever been known by another name? YES/NO
 If YES, please write the other name in full: _____

Are you a New Zealand Citizen? YES / NO
 Are you a permanent resident of NZ in terms of NZ Immigration Policy? YES / NO
 Are you a citizen of a country belonging to the Commonwealth of Nations? YES / NO
 Have you ever been convicted of a crime? YES / NO

I hereby agree to abide by the Rules of the Association and certify that the information provided on the Application Form is correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my Application and/or membership. I certify that I am not suspended, expelled or have been refused membership from another RSA or Affiliated Club. If so: Name of Club _____ Reasons _____

Signature of Applicant: _____ **Date:** _____

Applicant to Complete

PROPOSER / SECONDER DETAILS – PLEASE PRINT YOUR NAME

PROPOSED BY: _____ **MEMBERSHIP NO:** _____
 I have known the applicant for _____ years **SIGNED:** _____

Please Note: Your personal details below are for Office Use only and are not for display.

For the privacy of the applicant, the section below will be folded back before photocopying the top section for posting on the notice board section for new members.

ADDRESS: _____ SUBURB: _____
 CITY: _____ POSTCODE: _____
 CONTACT PHONE NUMBER: HOME _____ WORK: _____
 MOBILE NUMBER: _____ EMAIL: _____
 DATE OF BIRTH: _____ OCCUPATION: _____
 (This is required for identification purposes)

Please Circle Sections Interested In:

Indoor Bowls 8 Ball Snooker Golf Section
 Darts Fishing Section Women’s Section

Please note:

- **Temporary Members are NOT eligible to enter the Membership draw until issued their permanent Manurewa RSA card.**
- **The temporary membership card is valid until the induction meeting, where you will be issued with your full membership card, or for two months whichever is longer.**
- Full Members may bring their family with them as guest, but everyone over 18 MUST sign in, and all guests MUST leave when that member does.

Privacy Act 1993

The Association is collecting and will hold the information on this form. The information is required

- a) So it, and its members, can assess the applicant’s suitability for Membership (including transfer of membership)
- b) So it can administer its operation and assist other RSA’s or Clubs it is affiliated with in New Zealand to administer theirs.

A copy of the first part of this application form and photograph of the applicant will be displayed on the notice board. The applicant acknowledges by signing this form that he or she has authorized the Association to obtain, check, exchange information with, and supply information to, members of the Association, RNZRSA, other RSA’s, Clubs NZ, and other Clubs that are members of Clubs New Zealand. The applicant is entitled, under the Privacy Act 1993, to have access to, and request correction of, personal information held by the Association about the Applicant.

Signature of Applicant **Date Signed**

For Office Use Only

Date Received Amount Sub Paid: \$ Joining Fee: \$ TOTAL Paid \$ Eft / Cash / Chq / BT Receipt No

Entered on Database: Date Accepted by Ex Committee: Card Number: Card Ordered Inducted