

**MATAMATA MEMORIAL R.S.A. INCORPORATED  
APPLICATION FOR MEMBERSHIP**

NAME.....

(Surname)

(Christian Names)

FULL POSTAL ADDRESS.....

PHONE NO.....

DATE OF BIRTH.....

EMAIL ADDRESS.....

EMPLOYER.....

What other Clubs do you belong to .....

Has your membership ever been declined, suspended or revoked from any Club? YES/NO

It is essential that ALL members remember their obligations to the others. Firstly; DRESS - there is a certain standard of dress which MUST be observed - the present standard is at NO times bare shoulders. Before 7.30pm T-shirts and jandals are permitted BUT after that time the dress must be in accordance with the notice board. Secondly; membership cards MUST be carried. Thirdly; your subscription must be paid by 1st April otherwise you can be automatically expelled. Fourthly; it is most important as it affects our Charter, that VISITORS MUST BE SIGNED IN - this includes wives and other friends and they must not be regular attenders.

NOTE: All applicants must be approved at a meeting of the Executive Committee.

I hereby accept the aforesaid nomination and I agree that I have READ THE ABOVE and agree to accept and abide by the Rules of the Club.

I enclose \$10.00 being a deposit on my subscription which will be deducted from the full subscription fee.

..... **Date** .....

**(signature of the nominee)**

On acceptance as a member of the Association the nominee shall receive an account for the current years subscription which is to be paid at the office of the Clubrooms within 30 days. If payment is not received within this period the deposit is non-refundable and the membership becomes invalid.

**THIS NOMINATION MUST BE SIGNED BY TWO FINANCIAL MEMBERS OF THE  
ASSOCIATION**

We know the applicant personally and, in accordance with the Rules, recommend him/her for membership.

Proposer ..... (.....)  
(please print name) (signature)

Secunder ..... (.....)  
(please print name) (signature)

**RETURNED OR SERVICE MEMBERS PLEASE ALSO COMPLETE REVERSE PAGE**

*For Office Use Only*

Referred to Committee on ...../...../.....

Decision of Committee - Approved/Declined

Account Sent ...../...../.....

Secretary .....

**APPLICATION FOR MEMBERSHIP - PART 2**  
**THIS SECTION TO BE COMPLETED BY RETURNED OR SERVICE**  
**APPLICANTS ONLY**

New Application .....

Returned **OR** Service

**OR**

Transferred From ..... on .....

Service No .....

Regt No .....

Unit .....

Rank .....

Are You a British Subject? Yes/No

WARTIME SERVICE (list theatres & dates)

HOME SERVICE (where and date)

ARMY .....

NAVY .....

AIRFORCE .....

MERCHANT NAVY .....

POLICE .....

WAR PENSION NO (enter war disability or surviving spouse number only) .....

DECORATIONS HELD.....

.....

.....

PAPERS SIGHTED BY .....

Secretary .....

(Note: All persons applying for membership must submit some form of Service identification.

If these are not available, it is the responsibility of the applicant to obtain these from Defence Dept.