

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

NAME..... **M / F**  
 (Surname) (Given Names) (Male/Female)

FULL POSTAL ADDRESS.....

MOBILE PHONE NO..... LAND LINE.....

EMAIL ADDRESS..... DATE OF BIRTH..... AGE: .....

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

- Has your membership ever been declined, suspended or revoked from any Club? YES/NO
- Have you ever been convicted of any crime? YES/NO
- Will you allow your name & address to be supplied to RNZRSA & Clubs NZ to be included on a national register of members? YES/NO

The RSA respects your privacy and will treat your personal information as confidential. All records are kept in a secure location. It is essential that ALL members remember their obligations to the others in regards to the Club Rules, i.e. dress and behaviour standards. Membership cards MUST be carried at all times within the Club premises. Subscriptions must be paid by 28<sup>th</sup> February each year, otherwise you can be automatically expelled. It is most important that VISITORS MUST BE SIGNED IN & ACCOMPANIED - this includes spouses/partners and other family/friends - and they must not be regular attenders. Please note that photographs may be taken of you within the Club and used for promotional purposes on our website or social media.

**NOTE:** If, for any reason, your application is declined, your payment less a \$10 admin fee will be returned to you.

I hereby accept the aforesaid nomination. I agree to abide by the Rules, bylaws & policies of the Club which are available on request. I accept that my application for membership is subject to the registered rules of the Club and will be accepted or declined by the Executive Committee. Pending acceptance of my application, I acknowledge that I have the rights and privileges only of a visitor at the discretion of the Executive Committee.

I enclose \$..... being my annual subscription for:

Under 70 Single - \$60	Couple - \$80*	Over 70 Single - \$40	Over 90 - Free
Junior (13-18) - \$10	Kidz Club (0-12) - \$10		Fire / Ambo / Police - \$25
Currently Serving - Free	Corporate – See admin		

\*If applying for a couple fee, please state partner's name: \_\_\_\_\_

..... Date .....

**(signature of the applicant)**

**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**

**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/Duty Manager .....

(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.

**Date Received** ...../...../.....

*For Office Use Only*

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

Member No: 066000\_ \_ \_

Card Ordered: ...../...../.....

**Payment Received \$**.....

Decision of Committee - Approved/Declined

Secretary .....

Card Received & Passed on: ...../...../.....