



APPLICATION FOR MEMBERSHIP

CLUBS OF MARLBOROUGH

Applicant to complete

Title: Mr Mrs Ms Miss (circle one)

First Names: _____

Surname: _____

Preferred Name: _____

Occupation _____

Are you, or have you ever been known by any other name? Yes / No

If YES, please write the name here in full _____

Have you ever been refused membership or expelled from any Chartered Club? YES/NO

If YES, please advise the name of the club and circumstances on the reverse of this form.

Have you ever been convicted of any crime within the Crimes Act? YES/NO

If YES, please advise date and details on the reverse of this form.

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Date of Birth: _____ Email: _____ please send me emails yes/no



MARLBOROUGH RETURNED AND SERVICES ASSOCIATION

Those wishing to apply for RSA membership please fill in this section
Returned / Service / Associate (Please circle your application category)

Circle the RSA Branch you wish to affiliate to besides MRSA: Havelock, Renwick, Seddon or Ward

Service Number _____ Unit _____ Force _____ Rank _____

Date of Enlistment _____ Date of Discharge _____

I Served in NZ only Yes No I served in _____

Please give detailed overseas service, which will be recorded. Returned membership is for service in an area of conflict or for peace keeping recognized by the award of a medal. NOTE; Proof of Service must accompany this application, if unable to locate, Write to : - Personnel Enquiries, NZ Defence Force, Trentham Camp, Private Bag 905 Upper Hutt
I also acknowledge that the RNZRSA APP containing my membership card and login will be made available to me.

PROPOSER AND SECONDER

We propose the above candidate for membership of the Club. We certify that we have both been financial members of the Club for at least 12 months and we guarantee, from our personal knowledge of the candidate that he/she is a fit and proper person to be a member of the Club.

Proposer: _____ (Please print) Member No: _____ Signature: _____

Seconder _____ Member No: _____ Signature: _____

OFFICE TO COMPLETE

FOR FULL MEMBERSHIP ONE OF THE FOLLOWING FORMS OF ID HAS BEEN SIGHTED (please tick)

NZ Drivers Licence

Passport

18+ Card

Number _____

Number _____

Number _____

PRIVACY ACT STATEMENT

The Clubs of Marlborough is collecting and will hold the information on this form. This information is required so that the Club and its members can assess the applicants suitability for membership (including transfer of membership) and so it can administer its operation and assist other clubs affiliated to Clubs New Zealand to administer theirs.

The applicant acknowledges that by signing this form he or she has authorized the club to obtain, check, exchange information with, and supply information to members of the Club, Clubs New Zealand, and clubs that are affiliated to 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 Club about the applicant.

I hereby agree to abide by the rules of the Club and certify that the information provided on this application form is correct. I acknowledge that if I have given any false information, it could result in automatic cancellation on my application and/or membership of the Club.

I acknowledge that I have read the Privacy Act statement above, and acknowledge that the Club will make enquiries into my suitability as a member and should my application for membership of the Club be refused, the Club is not required to supply a reason for that refusal.

Signed: _____

Date: _____

MRSA Secretary to complete

Date received _____ Executive Meeting Decision Accepted / Not Accepted

Letter of acceptance sent _____ Badge issued Yes / No

RNZRSA notified as new member _____

Added to Profax _____

OFFICE TO COMPLETE

Date received: _____

Payment received _____

Method of payment (Circle)

Cash

Cheque

Eftpos

Entered: ERS Membership number _____

Insight MMPROX Number _____

MEMBERSHIP SUBSCRIPTIONS

Adult	\$55.00 plus \$15.00 nomination fee	(\$55 yearly)
Joint	\$50.00 per person plus \$15.00 nomination fee	(\$50 yearly)
Pensioner (65+)	\$45.00 plus \$15.00 nomination fee	(\$45 yearly)
Junior	\$20.00 plus \$15.00 nomination fee	(\$20 yearly)

Nomination Fee \$15.00

ADDITIONAL INFORMATION