RSA *Returned Services Association Franklin*
Telephone: 09-238 7869 Email: rsafranklin@outlook.co.nz PO Box 112, Pukekohe

Card #: .....
Receipt #.....
Date Paid: .....

APPLICATION FOR RETURNED & SERVICE, ASSOCIATE, YOUTH MEMBERSHIP

PLEASE ANSWER ALL QUESTIONS: *Please pay upon application.*

Type of membership applied for:

Returned ☐ $45.00 **Service** ☐ $45.00 **Member** ☐ $55.00

Youth ☐ $25.00 **Over 80's** ☐ $25.00 **Family** ☐ $80.00 *(2 adults, 2 children under 18 yrs)*

Mr, Mrs, Miss, Ms Surname .....

Christian Names ..... Known As .....

Postal Address ..... Physical Address .....

.....

Date of Birth ..... Email .....

Occupation .....

Phone No. (Pvte) ..... (Bus) ..... (Mobile) .....

SERVICE DETAILS

Service No ..... Unit(s) Served .....

Where Served .....

Date Enlisted ..... Date Discharged .....

Veteran Pension No .....

Services Awards (DSM, GCM etc) ..... Dates .....

NEXT OF KIN

Surname ..... First Name .....

Address .....

Phone No ..... Relationship .....

In joining the RSA, I undertake to abide by its Constitution and Rules, and hereby declare I have not been expelled or rejected from membership of any other RSA or Affiliated Club.

Applicant's Signature ..... Date .....

This form must be produced with suitable documentation of the applicant's service in the New Zealand or allied countries, NZ Defence Forces & NZ Police Force. Any additional details may be added to reverse.

Proposer (for Associate Member only) ..... Card No.....

Seconder (for Associate Member only) ..... Card No.....

Received: ..... Entered: Card.....D/Base: ..... By: .....Date: .....

Valid for 2025 Calendar year. Printed 18/05/2025