



EAST COAST BAYS RETURNED AND SERVICES ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION FORM

I wish to apply to join the East Coast Bays RSA as an Associate Member and undertake to abide by the Rules and Standards of this Association.

I have/have not been refused membership, been suspended or expelled from any other RSA or Chartered Club. (If yes, please detail over page).

I declare to the best of my knowledge the information provided in this application is accurate and I understand that if any false or misleading information is given, or any material is suppressed I may be refused membership, or if I have been accepted, my membership may be terminated.

Signed: _____ (Applicant) Date: _____

SURNAME: _____ **Title: Mr/Mrs/Miss/Ms**

CHRISTIAN NAMES _____

ADDRESS _____

Telephone: _____ **Email:** _____

Date of Birth: _____ **Business Phone No:** _____

Present Occupation and Address: _____

Previous Occupation and Address: _____

Previous Association with other Club Activities, RSA, or Other: _____

Any Family Armed Service Connection: _____

I am interested in the following Club Activities (please tick)

**SNOOKER POOL BOWLS DARTS HOUSIE CRICKET DANCES ENTERTAINMENT
GOLF**

Intended Frequency of Visits to the Club _____

Any other helpful information: _____

Proposed by: _____ **Signature** _____

Seconded by: _____ **Signature** _____

Applicant's Signature _____ **Date:** _____

Yearly Subscription: Up to 69 - \$50
70-74 years of age - \$40 75-59 years of age - \$30
80-89 years of age - \$15 90+ FREE