



EAST COAST BAYS RSA MEMBERSHIP FORM

I wish to apply to join the East Coast Bays RSA as a Returned / Service member and to 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 give details).

Service No: _____ **Surname:** _____

Initials: _____ **Title** **Mr / Mrs / Miss / Ms/ Other**

Christian Names: _____

Address: Street: _____

City _____

Telephone: Home () _____ **Work ()** _____

Email address: () _____

Rank: _____ **Which Force:** _____

Date Enlisted: _____ **Which War:** _____

Date Discharged: _____ **Date of Birth:** _____

Military Unit: _____

Where Served: _____

Occupation (eg retired) _____

Transferred from (if applicable) _____

Previous Address: _____

Disability: Yes / No **% of Disability** _____ **Last Reviewed** _____

Next of Kin: _____

Phone No: _____ **Relationship (eg Daughter)** _____

Address: _____

Current Will: Yes / No **Where Held:** _____

Do you hold a current Drivers Licence: Yes / No

War **Yes / No** **Number:** _____
Pension _____

General Practitioner: _____

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 that my membership may be terminated.

Signed: _____ **(Applicant)** **Date:** _____

Up to 69 years of age \$50, 70-74 years old \$40 75-79 years old \$30 80-89 years old \$15 90+ FREE