



EAST COAST BAYS RSA WOMEN'S SECTION

NOMINATION FORM

SURNAME _____ **Mrs/Ms/Miss**
(Please Print)

CHRISTIAN NAMES: _____
(Please Print)

ADDRESS: _____

_____ **Post Code:** _____

Telephone: _____ **E Mail:** _____

Mobile: _____ **Date of Birth:** _____

Women's Section members must be wives/widows/daughters/grand-daughters of Returned and Service Personnel.

Nominated by: _____
(Must be a current Financial Member of the ECB RSA Women's Section)

I hereby agree to abide by the rules of the Association and certify that the above information is correct.

Signature of Candidate: _____ **Date** _____

WOMEN'S SECTION MEMBERS \$31
(includes \$9 Women's Section)
WOMEN'S SECTION ASSOCIATE MEMBERS – 90+ FREE