



GORE DISTRICT MEMORIAL RSA INC.
P O Box 333 Gore Phone (03) 208-6218

Annual Fee \$25.00

ASSOCIATE MEMBER APPLICATION

I HEREBY make application to join the GORE DISTRICT MEMORIAL RSA as an ASSOCIATE member. Date.....

FULL NAME.....Title: Mr/Mrs/Miss/Ms
(PLEASE WRITE NEATLY TO AVOID INCORRECT NAMES ON CARD)

Your preferred Christian Name which will appear on your membership card

Date of Birth..... OCCUPATION.....

Postal Address:.....

Home Phone No. () Work Phone No. () Mobile No.....

Email Address:

- 1. Have you had a criminal conviction within the last five years? Yes/No
2. Are you an undischarged bankrupt? Yes/No
3. Have you been rejected or expelled from another Club? Yes/No
4. Are you a widow/widower of a Returned Service person? Yes/No
5. How did you find out about joining the Gore RSA?

Privacy Act 1993:

The above named club is collecting and will hold the information on this form. The Club is collecting the information: -

- 1. so it and its members can assess the applicant's suitability for membership (including transfers of membership),
2. so it can administer its operation and assist other clubs that are members of New Zealand Chartered Clubs Incorporated (NZCC) to administer theirs,
3. to enable NZCC or its agent to compile a list of members of all clubs in New Zealand and to send those members promotional marketing and other material,

The applicant acknowledges by signing this form that he or she has authorised the club to obtain, check, exchange information with and supply information to members of the club, NZCC and other clubs that are members of NZCC.

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.

In joining this Association I undertake to abide by its Constitution and Rules and I hereby declare I am not already a member and have not been expelled or rejected from membership of any other Returned Services Association. If you are between 18-20 years of age photo identification will be required to confirm your age. One of the following types of photo identification must be sighted by the staff member receiving your application.

Photo Driver's Licence No Passport No HANZ Photo Id No

APPLICANT'S SIGNATURE: Date.....

PROPOSERS: YOU MUST HAVE BEEN A MEMBER OF THE GORE DISTRICT MEMORIAL RSA FOR A PERIOD OF NO LESS THAN 12 MONTHS TO BE ELIGIBLE TO NOMINATE THE APPLICANT FOR MEMBERSHIP.

Proposed by:

Name:..... Membership No:
(Please Print)

Signature:

Name:..... Membership No:
(Please Print)

Signature:

ONCE YOUR APPLICATION FOR MEMBERSHIP HAS BEEN APPROVED, A JOINING FEE OF \$20 WILL BE PAYABLE IN CONJUNCTION WITH THE ADVISED SUBSCRIPTION AMOUNT. WHEN MEMBERSHIP HAS BEEN PAID IN FULL YOU WILL RECEIVE A COMPLIMENTARY \$20 BISTRO VOUCHER.