



Annual Fee Payable on Application
Service - \$25.00
Returned - Free

GORE DISTRICT MEMORIAL RSA (INC)

P O Box 333 Gore. Phone (03) 208-6218

RETURNED or SERVICE MEMBER APPLICATION

I HEREBY make application to join the GORE DISTRICT MEMORIAL RSA as a RETURNED/SERVICE member and upon acceptance I undertake to abide by its Rules and Constitution, recognizing that the objectives of the RSA, in part are to promote the general wellbeing of Returned Servicemen and their dependents.

FULL NAME..... Title: Mr / Mrs / Miss / Ms

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:

SERVICE DETAILS (if applicable) PLEASE SUPPLY A COPY OF SERVICE DOCUMENTS TO SUPPORT YOUR APPLICATION FOR SERVICE MEMBERSHIP

Service Number:..... Rank:..... Which War:.....

Branch of Service: Airforce/Army/Navy/Police, Other (if Other please state).....

War/ Conflict Served in:.....

Details of Service (e.g., Unit Details, War Theatres (Pacific/Middle East etc. or CMT) Other Details or Comments)

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In joining this Association, I undertake to abide by its Constitution and Rules, and I hereby declare I am not a member and have not been expelled or rejected from membership of any other Returned Services Association.

Applicant's Signature: Date.....

FOR OFFICE USE ONLY

Papers Sighted..... Yes/No

Date application received:.....

Transferred from/to:.....

Name:

Approved/Rejected. Membership Number.....

Appointment:

Committee Meeting Date:.....

Signed:

Date Advised

Date:

Signed (Secretary/Manager)