GORE & DISTRICTS RSA

Annual Fee Payable on Application

**Veteran Service - $25.00**

**Veteran Returned - Free**

## GORE DISTRICT MEMORIAL RSA (INC)

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

# VETERAN RETURNED or VETERAN SERVICE MEMBER APPLICATION

I HEREBY make application to join the GORE DISTRICT MEMORIAL RSA as a VETERAN 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 Veteran 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 RETURNED / 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……..

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FOR OFFICE USE ONLY Papers Sighted…… Yes/No

Signed …… (Secretary/Manager)