

Morrinsville
RSA



Morrinsville and Districts Memorial RSA (Inc)

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APPLICATION FOR ASSOCIATE MEMBERSHIP

Full Name _____

DOB _____ Occupation _____

Postal Address _____

Email Address _____

Contact Phone No _____

Proposer _____ Seconder _____

Print _____ Print _____

If admitted as an Associate Member I agree to conform with the Rules of the Morrinsville & Districts Memorial Returned Services Association (Inc) which are displayed in the Club Library and support the aims and principles of the Association.

I understand that the annual subscription expires on the 31st January of each year and must be renewed within three months.

I also understand that Associate Members may introduce and sign in visitors on the same terms and conditions as shall from time to time apply to financial members of the Returned Services Association.

Signed _____ Date _____

To be approved at the next membership committee meeting this form must be completed and returned to the Club.

Please note that it is your responsibility to obtain the signature of a Proposer and Seconder who must be financial Members of the Morrinsville & Districts Memorial RSA.