

Morrinsville  
RSA



# Morrinsville and Districts Memorial RSA (Inc)

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## APPLICATION FOR MEMBERSHIP AS A RETURNED/SERVICE MEMBER

I \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ apply for membership as a service/ returned service member of the Morrinsville and Districts Memorial Returned Services Assn Inc.

I Declare:

- (1) That I undertake to abide to its constitution and rules
- (2) That I have not been expelled or rejected from any other Returned Services Assn.
- (3) That the following details of my service which would qualify me as a member are to the best of my knowledge are true and correct. (Papers to prove such service must accompany this application.)
- (4 ) That I was not dishonourably discharged from the service

Signature \_\_\_\_\_ Date \_\_\_\_\_

Surname \_\_\_\_\_ Christian names \_\_\_\_\_

Rank \_\_\_\_\_ Service no \_\_\_\_\_

Service Branch      Navy      Army      Air Force      Police

Date enlisted \_\_\_\_\_ Date discharged \_\_\_\_\_

Birth date \_\_\_\_\_ Phone no \_\_\_\_\_

Email address - \_\_\_\_\_

We the undersigned being financial members of the Morrinsville and Districts Memorial Returned Services Assn. recommend the above for admission as a member

Proposed by \_\_\_\_\_ Print \_\_\_\_\_

Seconded by \_\_\_\_\_ Print \_\_\_\_\_

Declared elected      Chairman \_\_\_\_\_

Date \_\_\_\_\_ Secretary \_\_\_\_\_