



Kaiapoi RSA Inc 100 years of Service

APPLICATION FOR RETURNED, SERVICE, OR ASSOCIATE, MEMBERSHIP

Membership Type Returned Service Associate (Circle One)

Service No _____

Surname _____

First Names _____ Mr/Mrs/Ms/Miss

Full Residential Address _____ Post Code _____

Occupation _____

Date of Birth _____

Phone No's (Pte) _____ (Bus) _____ (Mobile) _____

Email _____

SERVICE DETAILS

Forces Served With _____ Unit Served) _____

(NZ Army, RNZAF, RNZN etc)

Where Served _____

Date Enlisted _____ Date Discharged _____

War Disability Pension No _____

War Service Awards _____ Dates _____
(VC, MM, DCM, etc.)

NEXT OF KIN

Surname _____ First Name _____ Relationship _____

Address _____

Phone _____

In joining this Association, I understand to abide by its Constitution and Rules, and hereby declare I have not been expelled or rejected from membership of any other Returned and Services Association or Affiliated RSA Club.

Applicants Signature _____ Date _____

This application may require suitable documentation of the applicant's service in the N Z Defence Force / NZ Police.

Post to; **Kaiapoi RSA, PO Box 119 Kaiapoi** or email to; **rsakaiapoi@gmail.com**