



Henderson RSA Inc.
ASSOCIATE MEMBERSHIP APPLICATION

Please attach Photo

(Please Print)

Title: _____ Surname: _____ First Names: _____

Address: _____ Phone No. Hm _____

_____ Phone No. Wk _____

Email _____ Mobile No. _____

Postal address if different from above:

Date of Birth: _____ Occupation: _____

Details of membership of any other R.S.A. _____

Proposed and Seconded By: (Must be financial members of Henderson RSA Inc)

Proposed By: (Please Print) _____ Membership No. _____

Signature: _____

Seconded By: (Please Print) _____ Membership No. _____

Signature: _____

Declaration:

I, the Applicant understand that I must abide by all of the rules and regulations of the Henderson R.S.A and that any false particulars give here may invalidate my membership of the Henderson Returned Services Association (Inc.). I also declare that I have never had disciplinary action taken against me by another club.

SIGNATURE OF APPLICANT: _____ DATE: _____

*****INCOMPLETE FORMS WILL NOT BE ACCEPTED*****

Office Use Only

Subscription Fee \$ _____ Subscription Fee Receipt No. _____

Temporary Card No: _____ Card No. _____

Lucky No: _____

Computer Updated _____