CITIZENS RSA TE PUKE APPLICATION FOR MEMBERSHIP

TITLE (circle one):	Dr	Mr	Mrs	Ms	Miss		
FULL NAME:							
DATE OF BIRTH:	OCCUPATION:						
EMAIL:							
PHONE:	MOBILE:						
ADDRESS:							
Are you Returned or Services? If so, please provide your service number:							
Have you ever been refused membership or expelled from any chartered club?				YES 🗆	NO 🗆		
Have you ever been convicted of any crime within the Crimes Act?			YES 🗆	NO 🗆			
Will you allow your name and address to be supplied to Clubs New Zealand to be included on a national register of members?				YES 🗆	NO 🗆		

By signing this form, I consent to become a member of the Citizens RSA Te Puke and undertake, if elected, to abide by the club's constitution, by-laws, and policies. The full constitution, by-laws, and relevant policies, including the privacy policy are available on request from the club.

I accept that my application for membership is subject to the registered constitution of the Citizens RSA Te Puke and will be accepted or declined by the Committee.

SIGNED:		DATE:					
STAFF CHECKLIST:	Photo taken/emailed Money received Signed						
Introduced by Citizens RSA Te Puke financial member. Name							
FOR OFFICE USE ON	LY:	Member #	Voucher given: Yes/No				
MEMBER #		DATE RECEIVED:					
AMOUNT PAID:		RECEIPT NUMBER:					

MEMBER NOTIFIED/CARD SUPPLIED: _____