



HAMILTON RETURNED SERVICES ASSOCIATION (INC.)

NOMINATION FORM
ASSOCIATE MEMBERSHIP

SURNAME.....

FIRST NAMES.....

ADDRESS:.....

EMAIL:

GENDER: MALE FEMALE

DATE OF BIRTH:.....PHONE Home:.....Work.....

DO YOU HAVE ANY PREVIOUS CRIMINAL CONVICTIONS: YES / NO

SUBSCRIPTION: \$25.00 (to accompany application) or
Direct bank transfer to: Hamilton RSA 03 0306 0201470 00

SIGNATURE OF APPLICANT:.....

PROPOSED BY: NAME:.....PLEASE PRINT

SIGNATURE:.....CARD NO.....

SECONDED BY: NAME:.....PLEASE PRINT

SIGNATURE:.....CARD NO:.....

OFFICE USE

CARD No.:..... REVIEW.....YES.....NO
PAID YES FINANCIAL PREVIOUS CLUB

RNZRSA SITE:.....
LOADED P/C:.....

DATE JOINED:.....

CARD ORDERED:

BECOMING A MEMBER OF H.C.R S CLUB YES NO

TRANSFER FROM:.....

PREVIOUS ADDRESS:.....

OFFICE SITUATED IN HAMILTON COMBINED RETURNED
SERVICES CLUB, 50 ROSTREVOR STREET, HAMILTON

Email: rsahamilton@xtra.co.nz Ph: 07 8394928