



HAMILTON RETURNED SERVICES ASSOCIATION (INC.)

NOMINATION FORM

SERVICE NO:.....

SURNAME:.....

FIRST NAMES:.....

ADDRESS:.....

EMAIL:

BRANCH OF SERVICE: **ARMY NAVY AIR FORCE**

UNIT:..... **THEATRE SERVED:**.....

RETURNED: **SERVICE HOME SERVICE C.M.T RECORD VERIFIED.....**

GENDER: **MALE FEMALE**

DATE OF BIRTH:..... **PHONE:**.....

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**

.....
OFFICE USE

CARD No.:.....

REVIEW:.....**YES:**.....**NO**

PAID YES FINANCIAL PREVIOUS CLUB

LOADED P/C:.....

DATE JOINED:.....

Card ordered:.....

RNZRSA Site:.....

BECOMING A MEMBER OF H.C.R S CLUB: **YES**

UPDATE EMAIL:.....
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

*Hamilton RSA reserves the right to carry out any vetting to ensure applicants are upstanding members of society who will be a good fit with the community