

# Kerikeri Returned & Services Association (Inc)



## MEMBERSHIP APPLICATION FORM for Year End 30/06/2025

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address if different \_\_\_\_\_ Post Code \_\_\_\_\_

Mobile \_\_\_\_\_ Phone \_\_\_\_\_

Email address (for RSA correspondence including invoices and Newsletters)

\_\_\_\_\_

Emergency Contact (Optional) \_\_\_\_\_

Member Applicant: Yes / No      I am a New Zealand Citizen or have New Zealand Residency: Yes / No

Service applicant: Yes / No    Service No: \_\_\_\_\_    Service/Unit: \_\_\_\_\_    Years: \_\_\_\_\_

Returned applicant: Yes / No    Service No: \_\_\_\_\_    Service/Unit: \_\_\_\_\_    Years: \_\_\_\_\_

**Service History including Tours and Medals (Optional):**

Membership as a Service Member or Returned Member is subject to us [receiving evidence of Service](#).

Evidence Received by: \_\_\_\_\_ Dated: \_\_\_\_\_

Religion (Optional) \_\_\_\_\_

Are you a Spouse or surviving Spouse or dependant of a Service Member? If so, are you agreeable to our President or Support Advisor contacting you?      Yes / No

Have you ever been a Member of the Kerikeri RSA or are you a current RSA Member requiring a transfer?

\_\_\_\_\_

Have you ever been Suspended, expelled or refused membership, or had your membership cancelled, at another RSA or Affiliated Club    Yes / No

**Becoming a Member of the Kerikeri RSA, your details will be shared with RNZRSA.**

**Conditions of Membership**

1. Your name from this membership request will be in our following monthly newsletter for membership consideration and then discussed at the next monthly committee meeting, and the decision of membership granted, is at the discretion of the committee. Any membership fee will be returned if membership is not granted.
2. The rules of the Kerikeri RSA are available upon request.
3. After validation and issue, the Membership card remains the property of the Kerikeri RSA and must be relinquished on request.

Annual Membership Fee \$30.00 (per person)

**NOTE: Correct fee paid into our Bank account or in Cash, must accompany this application for membership to be processed.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please post your application to P O Box 776, Kerikeri 0245 or bring to Homestead Bar and Bistro 15 Homestead Road on Thursdays, the Kerikeri RSA evenings, after 5pm, or make alternative arrangements.**

**Scan and email to [info@kerikerirsa.co.nz](mailto:info@kerikerirsa.co.nz) Internet bank your fee with your name BNZ 02 0352 0060517 00**

**PRIVACY STATEMENT (REFER Privacy Commission Website)**

**Your private details will be stored securely under the Privacy Act 2020. Accessible by the Administrator and available to the President and Support Advisors for the purpose of correspondence, Support, etc.**

**To Opt-out of President/Support Advisor access      Yes / No**

**Office use only.**

<b>Membership Type</b>	Service	Yes / No	Returned	Yes / No	Member	Yes/No
Service Papers						
Membership #			Card Ordered		Card issued	
Details Entered	Xero		Database		RNZRSA	

[PO Box 776 Kerikeri 0245](#)

[Telephone: 09 407-8585](tel:094078585)  
[www.kerikerirsa.co.nz](http://www.kerikerirsa.co.nz)

[Email: Office - info@kerikerirsa.co.nz](mailto:info@kerikerirsa.co.nz)