

APPLICATION FOR JOINING (OR TRANSFERRING)

Family Name: Given Names: Known as:		Dat	Landline Phone:	
		Lan		
		Мо		
Postal Address:				
Suburb:		Pre	ferred Method of Contact:	
Postcode:			Email Phone	
Email Address:		Post		
If transferring, for	mer RSA:			
Membership Cate	gory:			
Returned	Service	Associate	☐ Junior (Under 18)	
If Returned or Ser	vice:			
■ Navy	☐ Army	Air Force		
Other (include	details):			
Service Number:			Ship/Unit:(current or when discharged)	
	, ships/units served in, deco Service , brief background st		inity involvement, and any family military	
	ect to the best of my knowle devonportrsa.co.nz/rules		nd by the Rules of the Devonport RSA (see DSR/	
Office use only:				
Eligibility	Service Record	Subscription Paid	d Membership No:	
Date:	Date:	Date:	Date:	

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