



**RICHMOND-WAIMEA RETURNED SERVICES
ASSOCIATION (INC)**

Postal Address
PO Box 3183
Richmond 7020

President
John Llewellyn
0277127247

Secretary/Treasurer
John D'Rose
027 288 9552

APPLICATION TO JOIN / TRANSFER

Full Name:

(Surname)

(Please Use Block Letters)

(Christian Names)

Rank:

No:

Unit:

Army/Navy/Air Force/Other

Returned/Service/Associate

(Please delete what does not apply - two should remain)

Theatre of War:

Date of Birth: / /

War Disability No:

Date of Enlistment: / /

Date of Discharge: / /

(If not known – year will suffice)

Postal Address:

Phone:

Mobile:

Email/Fax:

Next of Kin:

Relationship:

Surname:

Christian Names:

Address:

(If different to above address)

Phone:

Mobile:

Email/Fax:

Previous Address: (If Transferring)

Previous Branch/Assn:

I the undersigned agree on being accepted as a member of Richmond-Waimea RSA Inc., to abide by all rules and By Laws imposed by the Association and further agree to promote the objects of the Returned Services Association Inc.

Signature:

Date:

Fees: \$30.00

Payable with Application Form

Internet Banking: 03-0751-0183119-00

We the undersigned, as financial members of the Richmond-Waimea RSA Inc. nominate and second the above-named person for membership after having explained the objects and standards required for nominee and do vouch for the nominee to the Committee when required to do so.

Proposer and Seconder must be financial members of the Richmond-Waimea RSA

Proposer:

Signature:

Date:

Seconder:

Signature:

Date:

Note: Proof of service must accompany this application, if unable to locate, go to website: www.nzdf.mil.nz/nzdf/personnel-archives-and-medals/ and request a copy of your records.