

# Hobsonville RSA Inc.



**CURRENT SERVICE MEMBER**

## Membership Form CONFIDENTIAL

RANK \_\_\_\_\_ SURNAME: \_\_\_\_\_ First Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone No Home: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please note that all correspondence is via email, including weekly newsletters & annual subscription renewal

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: Single Married DeFacto Widow(er) Spouse's First Name: \_\_\_\_\_

Details of membership of any other RSA: \_\_\_\_\_

Service Details  
Please circle one

AIRFORCE	ARMY	NAVY	FIRE	POLICE
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Service Number : \_\_\_\_\_

Medals received : \_\_\_\_\_

Fees: 01 January to 31 December 2025

Please Circle One

TEN YEAR SUBSCRIPTION : \$500:00

LIFETIME SUBSCRIPTION : \$1000:00

CURRENT SERVICING: \$40:00

### Declaration:

I, the Applicant understand that I must abide by all of the rules and regulations of the Hobsonville R.S.A and that any false particulars given here may invalidate my membership of the Hobsonville RSA (Inc.) I also declare that I have never had disciplinary action taken against me by another club. All money paid by the Applicant shall be refunded in full in the event of an application being unsuccessful. The committee's decision is final and no correspondence will be entered into.

Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_

### OFFICE USE ONLY

Subscription fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Computer Updated: \_\_\_\_\_ Card No. \_\_\_\_\_