**ALEXANDRA DISTRICT CLUB INC** **APPLICATION FOR MEMBERSHIP TO ALEXANDRA DISTRICT CLUB AND ALEXANDRA/CLYDE RSA**

**APPLICANT TO COMPLETE** **PLEASE PRINT CLEARLY**

Title: Mr Mrs Ms Miss (circle one)

First Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Title, first name and surname will be printed on your card

Surname:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ Occupation:

Address: Postcode: \_\_\_\_\_\_

Home Phone: Work Phone: Cell Phone:

Date of Birth:

Email:

Newsletters will be e-mailed to the e-mail address provided above.

Are you, or have you ever been known by any other name? Yes / No

If YES, please write the name here in full

Have you ever been refused membership or expelled from any Chartered Club? Yes / No

Have you ever been convicted of any crime within the Crimes Act? Provide details on back of this application. Yes / No

**I hereby agree to abide by the Rules and Regulations of the Club and certify that all information provided is correct.**

**I agree to allow my contact information to be shared with Clubs NZ for the use of a nation wide members database**

SIGNATURE:…………………………………………………………………………. DATE:……………………………………………………………..

**PLEASE CIRCLE TYPE OF MEMBERSHIP ALEXANDRA DISTRICT CLUB YOUTH MEMBERSHIP RSA**

Youth members must be at least 12 years of age and nominated by financial members who are of legal age. Youth members are only permitted in the club if accompanied by a parent, legal guardian or a full member of the Alexandra District Club

***APPLICANTS FOR RSA MEMBERSHIP TO COMPLETE*:**

Rank:……………………………………. Regt No:…………… Force served in:………………… Length of service:……………………..

Date of discharge:………………… Reason for discharge:……………………………………………… Overseas service: Yes/No

Signature: Date:

Amount Paid:------------------- Receipt No: -------------------------- Membership No: ----------------------

We propose the above candidate for membership of the Club. We certify that we have both been financial members of the Club for at least 12 months and we guarantee; from our personal knowledge of the candidate, that he/she is a fit and proper person to be a member of the Club.

PROPOSER Member No: Signature:

(Please print)

SECONDER Member No: Signature:

(Please print)