



DUNEDIN RETURNED AND SERVICES' ASSOCIATION (Incorporated)

Nomination for Associate Membership

Name: (please print)

Address:

.....Email

Telephone: Home Mobile

Occupation: **Date of Birth:**

Declaration: I hereby apply for membership of the Dunedin Returned and Services' Association and certify that the information given herein is correct. I undertake to abide by the Constitution and Rules of the RSA. I have never been expelled or rejected from membership of any other branch of the Returned and Services' Association organisation.

Signature of applicant: **Date:**

Proposition: We, the undersigned, being financial members of the Dunedin Returned and Services' Association, hereby nominate the above named applicant for membership of the association. We believe this person to be a fit and proper person, of good character, and possessing the necessary qualifications for membership.

Proposer: How long have you known the applicant?years

Proposed by: **Signed:** **Date:**

Seconder: How long have you known the applicant?years

Seconded by: **Signed:** **Date:**

Committee use only

Date application received:

Committee Members to Initial: 1) **Accepted / Declined**
(delete as applicable) 2) **Accepted / Declined**
(delete as applicable)

Office use only

Letter sent date:

Amount due: Amount paid: Date:

Card Number: Card and Badge sent date:

Application complete - Secretary signature: Date: