



**DUNEDIN RETURNED AND SERVICES' ASSOCIATION
(Incorporated)**

Nomination for Returned / Service Membership

Name: (please print)

Address:
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Email

Telephone: Home Mobile

Occupation: **Date of Birth:**

Marital Status: Married / Single

Spouse / Partner's Name:

Branch:

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:**
pto

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

Proposed by:

Signed: **Date:**

Seconded by:

Signed: **Date:**

RSA Returned / Service Application *(please delete as necessary)*

Service Number:

Service: Navy / Army / Air Force / other:

Unit(s):

Length of service: **Rank:**

Theatres of Service and Dates:

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Medals and Awards:

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Any other Relevant Service

Information:.....

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Are you receiving any financial assistance from War Pension Services? Yes / No

Would you like the RSA Welfare Officer to contact you? Yes / No *(please delete)*

Committee use only

Date application received:

Committee Members to Initial: 1) 2)

Accepted / Declined
(delete as applicable)

Accepted / Declined
(delete as applicable)

Office use only

Letter sent date:

Amount due: Amount paid: Date:

Card Number: Card and Badge sent date:(if applicable)

Copy to Welfare Officer date (all successful applications)

Application complete - Secretary signature: Date:

Please return to P.O Box 4008, St Kilda , Dunedin