AVONDALE RSA

www.avondalersa.org.nz

APPLICATION FOR MEMBERSHIP

CARD No: _____

New Member: ☐

Mr / Miss / Mrs / Other: _____

First Name (s): _____ **Surname:** _____

Date of Birth: _____

Address: _____

_____ **Postcode:** _____

Phone (Work):_____**Ph. (Home)**_____**Mobile:**_____

Email: _____

PLEASE RETURN COMPLETED FORM WITH PAYMENT TO THE OFFICE: 48 Rosebank Road, Avondale

RETURNED SENIOR	$8	(01)	LIFE MEMBER (FREE)		(09)
RETURNED SERVICE	$13	(02)	CATEGORY (06)	$25	
	$25	(03)	CATEGORY (07)	$10	
MEMBER (ASSOCIATE)	$40	(05)	REPLACEMENT CARDS	$5	
JUNIORS	$10	(10)			