SOUTH TARANAKI RSA

MEMBERSHIP APPLICATION

(Please Circle One) Membership Type **RETURNED SERVICE MEMBER CURRENTLY SERVING**

NAME _____

ADDRESS _____

PHONE _____ **MOBILE** _____ **Date Of Birth** ..../..../....

E-MAIL ADDRESS _____

SERVICE BRANCH _____ **SERVICE NUMBER** _____

EG. NAVY, ARMY, AIR FORCE, CMT, TERRITORIAL, POLICE, FIRE, CADETS
Please provide documented proof of service. If you can't then you **must** sign the **NZDF** form, overleaf, so your service can be verified.
This is a requirement of **STRSA** to ensure you can be provided with all the appropriate help and services that you may be entitled to.

OPERATIONAL SERVICE _____

MEDALS/AWARDS _____

SERVICE DOCUMENTATION SIGHTED _____ **VERIFIED YES/NO**
Type of Proof

We the undersigned, being financial members of the South Taranaki RSA inc, support the application of the above nominee:

Proposer Name: _____ **Proposer Signature:** _____

Membership No. 12600/_____

Seconder Name: _____ **Seconder Signature:** _____

Membership No. 12600/_____

Applicant Declaration

1. Have you ever been refused membership of any club or organisation **YES/NO**
   If **YES** please state why: _____
2. Do you know of anyone who has been or is a member of the **STRSA inc YES/NO**
   If **YES** please state who: _____
3. I hereby confirm that I am over the age of 18
4. I hereby pledge to uphold the Rules & Ideals of the **STRSA inc** and the **RNZRSA**
5. Only when your application has been approved by the committee will your membership card will be ordered.

Applicant Signature _____ **Date** ..../..../....

Current Subscriptions: Returned and Service $35.00 Member $50.00
Over 80yrs $20.00

PAID BY (Please Circle) **EFTPOS CASH DATE PAID** ..../..../....

Information held in accordance with the PRIVACY ACT 2020
We collect personal information from you, including information about your Service, in order to create a membership file. We keep your information safe by password protection and only allowing certain staff to access it. You have the right to ask for a copy of any personal information we hold about you and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information or to have it corrected, please contact us at strsa@xtra.co.nz or 130 Princes Street, Hawera 4610

FOR OFFICE USE:

XERO: Contact created _____ Invoice created _____ Repeat Invoice created _____

BASECAMP: Member created _____ Membership Number 12600 - _____ Card ordered .../.../...

DATABASE: Member created ..../..../.... Members' draw No.: _____ Card Received .../.../... Held / Posted

WELCOME LETTER: Posted / Emailed SERVICE VERIFICATION: Sent ..../..../.... Received ..../.../...

TE OPE KĀTUA O AOTEAROA
DEFENCE FORCE

Personnel Archives & Medals
Private Bag 905, Upper Hutt 5140
New Zealand
Telephone: (04) 527 5280
E-mail: nzdf.pam@nzdf.mil.nz
Website: https://nzdf.mil.nz/nzdf/medal-and-service-records/service-records/

For Office Use Only:	
DATE RECEIVED	**SENS NUMBER**

APPLICATION / DECLARATION FORM FOR NZ MILITARY PERSONNEL RECORDS AND/OR MEDALS

ENQUIRER/YOUR CONTACT DETAILS	
Your Full Given/First Name(s)	Janice Margaret
Your Family Last Name(s)/Surname	Dunn
Your Postal Address	130 Princes St
	Hawera Postcode 4610
Daytime Phone and Mobile Phone	0272859478
Your Email Address	strsa@xtra.co.nz

SERVICE PERSONNEL DETAILS		
Service Number (if known)		
Family/Last Name(s)/Surname		
Full Given/First Name(s)		
Date of Birth (if known)		
Other Name(s)/Alias		
Is the person living or deceased?	(Circle) Living/Deceased	If person is deceased, proof of death must be supplied. *[1&2]

[1] See the NZDF PAM website (FAQ) for details.
[2] Proof of lineage documents (Birth and/or Death certificates) may also be required.

Please answer the following questions to let us know what you are looking for:

1. **Would you like information from a military personnel record?** Yes☐ No☐

Please specify what you require including the reason/s why.

2. **Would you like to apply for a medal/s?** Yes☐ No☐

Please advise details of the medal/s you would like to apply for.

If neither of the above apply please choose from the following:

☐ Veterans Affairs NZ application and appeal
☐ RNZRSA or RSL (Returned and Services Association) Membership

3. **Is your application urgent?** Yes☐ No☐

Please specify.

SIGNATURE OF APPLICANT *(for all other Applications)*

……
Signature of person making the application

……/……/……
Date

Important: Please ensure that you sign this form with your physical signature

Revised 04 JAN 2024