



# Application Form for Joining or Transferring

**Devonport RSA**

PO Box 32-187  
Devonport 0744  
445-8938

devonportrsa@xtra.co.nz

If transferring, former RSA -----

Family Name -----

Given Names -----

Known as ----- Date of Birth -----

Address – Postal -----

Suburb ----- Postcode -----

Email ----- Tel # -----

### Membership Category

Returned Service Associate Junior Honorary

If Returned Navy Army Air Force Other

or Service

If other,  
include details

Service Number -----

Ship/Unit when discharged  
or current ship/unit -----

**Brief statement of service history, ships/units served in, decorations/awards.**

**If not Returned or Service, brief background statement including community involvement.**

**Note:** After joining, members may deposit further details with the Welfare Support Officer for historical records and use in an obituary in due course

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**These details are correct to the best of my knowledge and I agree to be bound by the Rules of the Devonport RSA and RNZRSA** ----- (Signature)

### Office use only

Rev 5/12

Eligibility Check  Service Record Check  Subscription Paid  Card # Issued

Date -----