



# Ashburton RSA Inc.

## Associate Member Nomination Form

**TITLE:** Mr Mrs Miss Ms (Please circle one)

**FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E MAIL ADDRESS** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

• Are you a member of another Chartered Club? **YES** **NO**  
If YES please state which clubs \_\_\_\_\_

• Have you had any criminal convictions in the last five years? **YES** **NO**  
If YES please state the convictions \_\_\_\_\_

I, the undersigned agree on being accepted as a member of the Ashburton Returned Services Association (Inc) Club, to abide by all Club rules and by-laws imposed within the Club and further agree to promote the objectives of the Returned Services Association in the Ashburton Community. I, the undersigned agree to pay a nomination fee of \$20.00. This fee will be deducted from your subscription, if you are accepted.

**NAME:** (Please print) \_\_\_\_\_

I (Signature) \_\_\_\_\_ **Authorise the Ashburton RSA to vet this Nomination Form with the Police.**

We the undersigned as financial members of the Ashburton Returned Services Association nominate and second the above person to membership of the Ashburton RSA Club, after having explained the objectives and standards required to the nominee and do vouch for the nominee's character and behaviour at all times.

**NOMINATOR:** (Please print) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SECONDER:** (Please print) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
**OFFICE USE ONLY**

Receipt No \_\_\_\_\_ Date \_\_\_\_\_ Secretary \_\_\_\_\_  
**NOMINATION:** ACCEPTED / DECLINED

**PRESIDENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_