

PAIHIA EX-SERVICEMEN'S ASSOCIATION (INC.)

SURNAME _____ FIRST NAMES _____ MALE
 _____ FEMALE
Please print clearly

POSTAL ADDRESS _____

OCCUPATION _____ PHONE _____
 EMAIL _____ DOB _____

I am interested in (please tick):

POOL 4 <input type="checkbox"/> INDOOR BOWLS 6 <input type="checkbox"/> HOUSIE 9 <input type="checkbox"/> MUSIC 11 <input type="checkbox"/>	SNOOKER 4 <input type="checkbox"/> 500 CARDS 7 <input type="checkbox"/> FISHING 10 <input type="checkbox"/> DANCING 11 <input type="checkbox"/>	DARTS 5 <input type="checkbox"/> MAHJONG 8 <input type="checkbox"/> TRIPS 12 <input type="checkbox"/>
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I hereby apply for membership of the Paihia Ex-Servicemen's Association Inc. I certify I am over 18 years of age. If accepted I agree to abide by the Rules under the Constitution of this Association.

APPLICANTS SIGNATURE _____

NOMINATED BY _____ SECONDED BY _____

DATE OF APPLICATION _____ RECEIPT No: _____

Subscription fees must accompany this application. Nominator & Seconder must have been financial members of this Club for at least 12 months. **Subscription is \$40.00** (All subscriptions expire 31st March in each year).