

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"/>	SNOOKER 4	<input type="checkbox"/>	DARTS 5	<input type="checkbox"/>
INDOOR BOWLS 6	<input type="checkbox"/>	500 CARDS 7	<input type="checkbox"/>	MAHJONG 8	<input type="checkbox"/>
HOUSIE 9	<input type="checkbox"/>	FISHING 10	<input type="checkbox"/>	TRIPS 12	<input type="checkbox"/>
MUSIC 11	<input type="checkbox"/>	DANCING 11	<input type="checkbox"/>		

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** _____
(NAME & MEMBER NO) (NAME & MEMBER NO)

DATE OF APPLICATION _____ **RECEIPT NO:** _____

Subscription fees must accompany this application. Nominator & Secunder must have been financial members of this Club for at least 12 months. **Subscription is \$50.00** (All subscriptions expire 31st March in each year).

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