



PIHA MEMORIAL RSA INC

3 Beach Valley Road, Piha

Phone: 0220479720

APPLICATION FOR RENEWAL OF MEMBERSHIP

2026 ANNUAL MEMBERSHIP FEE \$60

BANK ACCOUNT DETAILS: Piha RSA Membership A/c 02-0184-0320606-001

Mr / Mrs / Ms / Miss:

.....

Surname:

.....

First Name: Middle Name:

.....

Date of Birth: Occupation:

.....

Address:

.....

Post Code:

.....

Email:

.....

(I hereby give consent to receive emails from Piha RSA) Yes No

Mobile Phone: Landline Phone:

.....

Membership Number: (if known)

.....

Membership Card (please tick): Member to Collect Card to be posted

Signature of Applicant: Date:
.....

*(By signing this form you confirm all above details are true and correct,
and that you consent to obey ALL Club Rules)*

Office Use Only:

Database Updated Card Printed Card Placed at Bar Card Posted
Date: _____ Date: _____