



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: