



PIHA MEMORIAL RSA INC

3 Beach Valley Road, Piha

Phone: 812-8138

APPLICATION FOR ASSOCIATE MEMBERSHIP 2026 ANNUAL MEMBERSHIP FEE \$60

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: Landline:

.....

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)*

PROPOSER 1: Signature:

.....

PROPOSER 2: Signature:

.....

*(The above Proposer information must be complete for the application to be put
forward to the Committee. Without this information the form will not be accepted.
The Club reserves the right to decline any application without disclosing the reason)*

Office Use Only:

Approved ☐ Date:..... Signature:..... -

President/Vice

Database Updated ☐ Card Printed ☐ Card Placed at Bar ☐ Card Posted ☐

Date:

Date: