



## PIHA MEMORIAL RSA INC

3 Beach Valley Road, Piha

Phone: 0220479720

### APPLICATION FOR RENEWAL OF MEMBERSHIP

### 2025 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)*

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#### Office Use Only:

Database Updated  Card Printed  Card Placed at Bar  Card Posted

Date:

Date: