Membership Application Form

There are three categories of membership within the RSL. These are:

Service - available to past / present serving members of the Australian Defence Force and Allied Armed Forces.

Affiliate - available to relatives of past / present service personnel eligible for RSL service membership. Also available to members of Police, Fire Brigade, Ambulance and SES. (Conditions vary in State Branches)

For Service / Affiliate Membership you may be required to provide documentary evidence of service history.

Social / Community / Student - available to the general public.

N.B. All areas must be completed unless marked 'optional'.















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Sub-Branch joining:					No.:			
Membership Application type: Service Affiliate				Social	Co	ommunity	Student	
Title:	Mr	Mrs	Miss	Ms	Other		Rank	
Given Names:								
Surname:								
Honours / Awards / Decorations (Post Nominals) (optional):								
Male / Female:					Date of Birth:	1	1	
Address:								
Suburb:				Postcode:		State / Co	ountry:	
Phone - Work:				Home:		Mobile:		
Email:					Occupation (optional):			
Next of Kin (op	tional):							
Contact details	for Next o	f Kin (op	tional):					
Date first joined (optional):					Date rejoined (optional):			
Do you wish to receive promotional material either by: mail:					phone:	email:	none:	(please tick one)
Australian Defe	nce Force	Α	Illied Armed I	Forces				
Service details:	Army	N	lavv	Air Force	Merchant Navy		Police UN Service	

Air Force

DVA Number (optional):

Discharge date:

FRANSFER

Transferring Member: Current Sub-Branch:

Reserve:

State Branch Number (if available):

Operational Deployments (if any):

RSL Badge Number (if available):

Merchant Navy

Branch of Service:

Current / Discharged Rank:

State Sec. Authorisation:

Service number:

Enlistment date:

Permanent Forces:

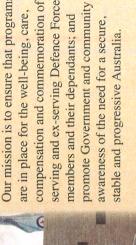
Units / Ships:

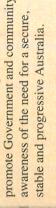
Date:

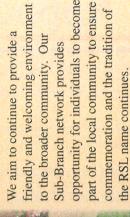
OFFICE

ABOUT THE RSL

The RSL was founded in June 1916 shown by the diggers for the welfare and evolved as a direct result of the camaraderie, concern and mateship remains to this day the motivating of their mates during and after the compassion, service and loyalty 1914 - 1918 war. That ethos of influence of the RSL.









Claim of qualification for Affiliate Status:

Full name of person who is a Service or Life Member (include Sub-Branch) or a person who at the time of death was eligible to be a League member:

Family relationship - please specify:

(Please specify relationship to the person who is a Service or Life Member of the RSL, or of a person who, at the time of death, was eligible for such membership)

Eligible person's service details:

State Branch Membership Number (if applicable):

Eligible person's signature (or date of death):

Police, Ambulance, Fire Brigade and SES - please specify:

(Documentation supporting 6 months service must accompany this application)

Proposed by (Service or Life Member only):

Seconded by (Service, Life or Affiliate):

Declaration and Agreement:

I declare that:

- 1. the information provided is true and correct
- 2. I agree to uphold the Constitution of the League and its By-Laws

Signature of Applicant:

Date:

Privacy Statement:

Tick here if you do not wish to receive information and membership offers

We will not use any of the information on this membership form without your specific permission in writing, other than to record you as a member or communicate with you as a member of the League. We will not pass this information to anyone outside the League without your express permission.

OFFICE USE ONLY

Details verified and accepted by Sub-Branch:

Payment Received: \$

Authorised Name:

Date of application approval:

Signature:

Temporary Membership Number:

Date Card Issued: