

NEW MEMBERSHIP APPLICATION FORM

(*mandatory fields)

PERSONAL DETAILS

Sub Branch Joining*

Title (Mr/Mrs/Miss/Ms/D	Dr):*	MEMBER TYPE*
First name:*	Middle name:	
Surname:*	Post nominals:	Service Affiliate Other (for Sub-Branch use)
Date of birth:*	Gender: Maiden name:	SERVICE HISTORY (*mandatory for service membership)
Country of birth:		Duou ola of comission *
Address:*		Branch of service:* Air Force Army Navy Allied
Suburb:*	State:*	Air Force Army Navy Allied Other:(<i>Please specify</i>):
Postcode:*	Country:	Service/PM Keys No:*
Phone:	Mobile:	Enlistment date:*
		Discharge date:*
Email:		Rank: Unit:
		Still serving: Yes No Approx dates are acceptable
POSTAL ADDRESS	As above	
Address:		SERVICE (please tick) ADF WW2/BCOF/Korea
Suburb:	Stata	
Postcode:	State: Country:	Borneo/Malayan Emergency/Vietnam (please circle)
		Gulf War East Timor/Timor Leste Afghanistan
NEXT OF KIN		Iraq Middle East Operations Solomon Islands
NEAT OF KIN		Border Protection Peacekeeping
First name: Relationship	•	Allied Service Operations
Relationship to member Email:	: Phone	Other(Please specify)
Ellidii.	Phone	
PREVIOUS MEMBERSHIP		AFFILIATE MEMBER DETAILS (Details of person who is or was eligible to be a service member of the League)
I have previously been a RSL member		
State/Sub-Branch:		Name:
		Relationship to member: Service details:
I DECLARE: The information provided is true and correct I agree to abide by the RSL Constitution and its By-Laws SIGNATURE:* Date:*		
		Ambulance/Police/Fire Brigade/SES:
		Details:
		We will not use any of this information without your 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 on this information to anyone outside the
SUB-BRANCH USE ONLY		League without your express permission.
	y/Membership Officer is to ensu ighted. Please do not attach Su	ure that this form is completed in full, and proof of b-Branch receipts to this form.
Sub Branch:		
Date:	Receipt no: Nar	ne: Signature:

Signature	Signature

STATE BRANCH USE ONLY

Proposed by (Name)

Badge Number

Date Processed

Signature

This form is for those wishing to join RSL Tasmania. To renew an existing Membership contact your local Sub-Branch or call RSL Tasmania on 03 6242 8900 for more information.

Seconded by (Name):