



Service & Affiliate Membership Application Form



- Service** - available to past or present serving members of the Australian Defence Force and Allied Armed Forces
- Affiliate** - available to relatives of a person who is or was eligible to be a Service Member of the League
- also available to members of the emergency services (police, fire brigade, CFA, ambulance and/or SES)

Service / Affiliate Applicants are required to provide documentary evidence of service history.

N.B. All areas marked * must be completed.

OFFICE USE ONLY Date application approved: Date entered

Membership no. Badge no. Date card issued

ALL APPLICANTS

*Sub-Branch joining:

*Membership Application: Service Affiliate

*Title: Mr Mrs Ms Miss Other

*First name:

*Middle Names:

*Last Name:

Preferred Name:

Post Nominals: (suffix) MALE / FEMALE (Please circle) *Date of Birth:

Identification

Type ID Number

Country State

Expiry Date Verified

***Postal Address:**

Street: Line 1

Street: Line 2

Country Post Code City/Suburb

Residential Address: (As above if same as Postal Address)

Street: Line 1

Street: Line 2

Country Post Code City/Suburb

Telephone: Home () Business ()

Mobile Fax

Email Address:

Preferred Contact Method Mail Email Phone Mufti Yes No

Next of Kin details (optional): Name

Contact Number Relationship

SUB-BRANCH

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

I wish to receive promotional materials regarding electronic gaming machines and related activities. Yes No



Social & Community Membership Application Form

*Mandatory field

*Sub-Branch joining:

*Membership Type: Social Community

*Title: Mr Mrs Ms Miss Other

*First Name:

*Last Name:

*Male / Female (please circle)

*Date of Birth:

*Postal Address:

Street:

City/Suburb:

Post Code:

Telephone:

Home: ()

*Mobile:

*Email Address:

I understand that as a member of the RSL I will receive information and updates relating to RSL events, activities and offers from the RSL and its business partners. I will always have the opportunity to unsubscribe. For the RSL privacy policy please visit rslvic.com.au

Yes, I would like to receive additional material relating specifically to gaming machines and related activities.

OFFICE USE ONLY

Date application approved:

Membership no.:

Card issued: Yes/No Staff Name:

Identification viewed: