



**RETURNED AND SERVICES LEAGUE OF AUSTRALIA
AUSTRALIAN CAPITAL TERRITORY BRANCH ^{INC}**

ABN 61 268 362 646

APPLICATION FOR AFFILIATE MEMBERSHIP

PARTICULARS OF APPLICANT

Title: Mr Mrs Ms Other Rank

Given Names:

Surname:

Hons/Awards/Decorations (optional):

Male: Female Date of Birth:

Address:

Suburb: Postcode: State/Country:

Telephone: Work: Home: Mobile:

Email: Occupation (optional):

Full name of RSL member to whom relationship is claimed:

Reason for application:

Preferred means to receive promotional material: No thanks Mail Phone Email

Declaration and Agreement:

I declare that:

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

Signature of Applicant Date

Proposed by (Name):

Privacy Statement: *Without your specific permission in writing we will not use any of the information on this membership form 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.*

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

OFFICE USE ONLY

Details verified and accepted by Sub-Branch Sec Payment received: \$

Authorised by (Name):

Application approval:
Sub-Branch

Signature: Date

Affiliate badge issued: Date Card Issued: