



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

ABN 61 268 362 646

MEMBERSHIP APPLICATION FORM

Sub Branch joining: No:

Membership Type: Service Affiliate

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):

Next of Kin (optional):

NOK contact details (optional):

Date first joined (optional): Date rejoined (optional):

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

SERVICE DETAILS

Australian Defence Force: Allied Armed Forces (specify)

Army: Navy: Air Force: Merchant Navy: Police UN Other:

Service Number: Current/Discharged Rank:

Units/Ships: Branch of Service:

Enlistment date: Discharge date:

Operational deployments (if any):

Permanent Forces: Reserve Forces: DVA Number (optional):

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

Privacy Statement

Without your specific permission in writing we will not use any of the information you have provided other than to record you as a member or communicate with you as a member of the League.

Signature of applicant

Date

Membership fee of \$ is enclosed

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

OFFICE USE ONLY

Member Name No

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

Authorised Name:

Application approval:

Signature: Date

Temporary Membership No: Badge Number Date Card Issued:

TRANSFERS ONLY

Transferring Member: Current Sub-Branch

State Branch No (if available): RSL Badge Number (if available):

State Sec Authorisation: Date: