



### BENEFITS OF RSL MEMBERSHIP

- A great way to contribute to the role of the RSL in support of Veterans, Service Personnel and your Local Community
- The opportunity to represent your Sub-Branch and volunteer throughout your community
- A strong membership base provides us with the means to continue the RSL tradition
- Member loyalty program and benefits
- Regular newsletters to keep you in touch with issues relevant to the RSL and its members

**RSL - share the spirit of mateship**

**Temporary Membership No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Category:** \_\_\_\_\_

**Sub-Branch:** \_\_\_\_\_

**Date Issued:**     /     /

**Authorised Signatory:** \_\_\_\_\_



# Membership Application Form



There are four 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 a past / present service member or members of emergency services (i.e. Police, Fire Brigade, Ambulance and SES)
- Social** - available to those not eligible to be Service or Affiliate
- Community** - no reciprocal rights and limited benefits apply

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

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



### ALL APPLICANTS

\*Sub-Branch joining: \_\_\_\_\_

\*Membership Application:    Service     Affiliate     Social     Community     (Member Class)

\*Title:    Mr     Mrs     Ms     Miss     Other

\*First name: \_\_\_\_\_

\*Middle Names: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Generation: \_\_\_\_\_    Post Nominals: \_\_\_\_\_ (Suffix)    MALE / FEMALE (Please circle)

\*Date of Birth: \_\_\_\_\_

<b>Identification</b>	Type	_____	ID Number	_____
	Country	_____	State	_____
	Expiry	_____	Date Verified	_____

\*Postal Address:

Street: Line 1 \_\_\_\_\_

Street: Line 2 \_\_\_\_\_

Country \_\_\_\_\_    Post Code \_\_\_\_\_    City/Suburb \_\_\_\_\_

Residential Address:    Street: Line 1 \_\_\_\_\_

(As above if same as Postal Address)    Street: Line 2 \_\_\_\_\_

Country \_\_\_\_\_    Post Code \_\_\_\_\_    City/Suburb \_\_\_\_\_

Telephone:    Home ( ) \_\_\_\_\_    Business ( ) \_\_\_\_\_

Mobile \_\_\_\_\_    Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method    Mail     Email     Phone     Mufti (service & affiliate only)    Yes     No



# MEMBERSHIP APPLICATION FORM



## About the RSL

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

Our mission is to ensure that programs are in place for the well-being, care, compensation and commemoration of serving and ex-serving Defence Force members and their dependants; and promote Government and community awareness of the need for a secure, stable and progressive Australia.

We aim to continue to provide a friendly and welcoming environment to the broader community. Our Sub-Branch network provides opportunity for individuals to become part of the local community to ensure commemoration and the tradition of the RSL name continues.

JOIN THE MARCH



### SERVICE APPLICANTS ONLY

Australian Defence Force  Allied Armed Force  Country

Service  Army  Navy  Air Force  Merchant Navy  Regular  Reserve

Service Number  Current/Discharge Rank

Unit/Ship

Date Enlisted  Date Discharged

Service Awards  Service Locations

### AFFILIATE APPLICANTS ONLY

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

Full name  Service details

Family relationship

Eligible person's signature(or date of death)

\*Six months service in the following: Police  Fire Brigade  Ambulance  SES  (\*Documentation supporting this service must accompany this application)

### ALL APPLICANTS

Next of Kin details (optional): Name

Contact Number

### 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

I wish to receive promotional materials and membership offers not related to electronic gaming machines.  Yes  No

Privacy Statement

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 Date application approved:  Date entered

Membership number  Date card issued