

# Membership Application Form



There are three 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 past / present service personnel eligible for RSL service membership. Also available to members of Police, Fire Brigade, Ambulance and SES. (Conditions vary in State Branches)

For Service / Affiliate Membership you may be required to provide documentary evidence of service history.

**Social / Community / Student** - available to the general public.

**N.B. All areas must be completed unless marked 'optional'.**



Sub-Branch joining:  No.:

Membership Application type: Service  Affiliate  Social  Community  Student

Title: Mr  Mrs  Miss  Ms  Other  Rank

Given Names:

Surname:

Honours / Awards / Decorations (Post Nominals) (optional):

Male / Female:  /  Date of Birth:  /  /

Address:

Suburb:  Postcode:  State / Country:

Phone -Work:  Home:  Mobile:

Email:  Occupation (optional):

Next of Kin (optional):

Contact details for Next of Kin (optional):

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

Do you wish to receive promotional material either by: mail:  phone:  email:  none:  (please tick one)

ALL APPLICANTS

Australian Defence Force  Allied Armed Forces

Service details: Army  Navy  Air Force  Merchant Navy  Police UN Service

Service number:  Current / Discharged Rank:

Units / Ships:  Branch of Service:

Enlistment date:  Discharge date:

Operational Deployments (if any):

Permanent Forces:  Reserve:  DVA Number (optional):

SERVICE

Transferring Member: Current Sub-Branch:

State Branch Number (if available):  RSL Badge Number (if available):

State Sec. Authorisation:  Date:

TRANSFER

## 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



### Claim of qualification for Affiliate Status:

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

Family relationship - please specify:

(Please specify relationship to the person who is a Service or Life Member of the RSL, or of a person who, at the time of death, was eligible for such membership)

Eligible person's service details:

State Branch Membership Number (if applicable):

Eligible person's signature (or date of death):

Police, Ambulance, Fire Brigade and SES - please specify:

(Documentation supporting 6 months service must accompany this application)

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:

/

/

Privacy Statement:

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

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

Details verified and accepted by Sub-Branch:

Payment Received: \$

Authorised Name:

Date of application approval:

/

/

Signature:

Temporary Membership Number:

Date Card Issued:

AFFILIATE

ALL

OFFICE