



RSL-SA Application for Affiliate Membership

I hereby apply to be admitted as a Affiliate Member of the Returned & Services League of Australia and a member of the: _____ Sub-Branch.

Personal Details

Title: _____ Given Names: _____
Surname: _____
Sex: _____ D.O.B: _____ Country of Birth: _____
Postal Address: _____
Suburb: _____ Post Code: _____ State / Country: _____
Phone(W): _____ (H): _____ (M): _____
Email: _____

Are you related to a Service person Yes No
If "yes" please specify: Service Number: _____ Name: _____
Unit Served With: _____ Conflict: _____

Previous Membership Details (if applicable)

Previous Membership: Yes No Date first joined the League: _____
Badge number of previous membership: (if applicable) _____
State & Sub-Branch of previous membership: (if applicable) _____

Declaration and Agreement

I declare that the above information is true and correct.

I agree to uphold the Constitution of the League and its By-Laws

Signature of Applicant: _____ Date: _____

Proposed By: _____ Seconded By: _____

Accepted by Sub-Branch: Sub-Branch Member _____ (Honorary Secretary) Sub-Branch Member _____ Date: _____

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 of the League and will not pass that information to anyone outside the League.
ABN 19 219 796 904