

## MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (required)		REFERRAL How did you hear abo	out RSL QLD?
Title (Mr/Mrs/Miss):	Post Nominals:	Friend/Family RSL Event RSL I	Member
First Name:	Middle Name:	Google Other	
Surname:	Preferred Name:	PREVIOUS MEMBERSHIP	
Country of Birth:	Gender: Male Female	I have previously been a member of the RSL.	
DOB:	Maiden Name:	Member Number:	
Address:		Sub Branch:	
		Date joined: State:	
Suburb:	Postcode:	MEMBERSHIP	
State:	Country:	l apply to be admitted as a member of:	
Phone:	Mobile:	Gaythorne RSL Sub-Branch	
Email:		SERVICE MEMBERSHIP (pick one)	
POSTAL ADDRESS  Same as above address		Annual Fee	\$20
		Annual Fee (Currently Serving)	\$0
Address:		Life Subscriber (18 - 39 yrs)	\$300
		Life Subscriber (40 - 44 yrs)	\$260
Suburb:	Postcode:	Life Subscriber (45 - 49 yrs)	\$220
State:	Country:	Life Subscriber (50 - 54 yrs)	\$180
		Life Subscriber (55 - 59 yrs)	\$140
NEXT OF KIN		Life Subscriber (60 - 64 yrs)	\$120
First Name:	Surname:	Life Subscriber (65+ yrs)	\$100
Relationship: Phone:		CITIZEN'S AUXILIARY	
Address:		Joining Fee	\$5
		Badge (optional)	\$5
Suburb:	Postcode:	Junior (12 - 18 yrs)	\$0
State:	Country:	WOMEN'S AUXILIARY	
SERVICE HISTORY (required for Service Membership)		Joining Fee	\$5
Branch of Service: Army Navy Air Force		Badge (optional)	\$5
Allied Other		NON-LEAGUE	
Service Number:	Length of Service:	Social Member (see Sub Branch for fee amt.)	7 - 80
Enlistment Date: Discharge Date:		I DECLARE	
Rank: Unit:		The information provided is true and correct.	
Currently Serving in QLD? Yes No		I agree to the RSL Constitution and its By-Laws.	
ADF members currently serving in QLD are entitled to	free membership.	I enclose payment for the Membership	selected.
THEATRES OF SERVICE		SIGNATURE:	
World War 2 BCOF Japan	Korea		
Borneo Vietnam	Malayan Emergency		
Gulf War East Timor	Iraq	Privacy:	
Afghanistan Peacekeeping		By becoming a Member, you agree to us collecting, storing, using, and protecting personal information in accordance with	
Soloman Islands Other		our Privacy Statement available at <a href="www.rslqld.org">www.rslqld.org</a> . Our Privacy Statement includes additional information about how we protect and manage personal information.	

**OFFICE USE ONLY** Sub Branch Secretary/ Membership Officers are to ensure this form is completed in full.

I hereby confirm the Proof of Membership eligibility has been sighted and the applicant qualifies in accordance with RSL (Queensland Branch) rul

Thereby committee it foot of themself in perignality has been significant and the applicant qualities in accordance with the Queensiana branch, raises.				
Date:	Receipt Number:	Signature:		
Sub Branch:	Name:			