

PERSONAL DETAILS (*mandatory fields)

PERSUNAL DETAILS	("manuatory neids	5)	PREVIOUS WEWBERSHIP		
Title (Mr/Mrs/Miss/Ms) ⁴	Post no	minals:	I have previously been a member of the RSL		
First name*:	Middle	name:	Member number:		
Surname*:	Preferre	ed name:	Sub Branch:		
Country of Birth*:	Gender	: Male Female	Date joined:	ate:	
DOB*:	Maiden	name:	MEMBERSHIP		
Address:	1	Which Sub Branch are you applying to become a			
			member of?		
Suburb:		Postcode:			
State:	Country	r.	SERVICE MEMBERSHIP (CHOOSE ONE)		
Phone:	ALT Pho	one:	Annual fee		
Email:			Annual fee (currently serving)	FREE	
POSTAL ADDRESS			Life subscriber (18-39 years)	\$300	
As above		Life subscriber (40-44 years)	\$260		
Address:			Life subscriber (45-49 years) \$220		
			Life subscriber (50-54 years)	\$180	
Suburb:		Postcode:	Life subscriber (55-59 years)	\$140	
State:	Country	:	Life subscriber (60-64 years)	\$120	
NEXT OF KIN			Life subscriber (65+ years)	\$100	
First name: Surn		e:	CITIZEN'S AUXILIARY		
Relationship:	Phone:	,	Joining fee	\$5	
Email:		Junior (12-18 years)	\$0		
SERVICE HISTORY (*	mandatory for Serv	vice Membership)	WOMEN'S AUXILIARY		
		Navy Allied	Joining fee	\$5	
	Other		NON-LEAGUE		
Service No. or PM KEY No.*: Still serving*: Yes No			Social member (see Sub Branch for fee amount)		
If yes, currently serving in	n Queensland? Yes				
ADF Members currently serving	in Qld are entitled to free memb	I DECLARE			
Enlistment date*:		ge date*:	The information provided is true and correct		
Rank: Unit			I agree to abide by the RSL Constituti By-Laws	on and its	
THEATRES OF SERV	ICE		I enclose payment for the membershi	p selected	
World War II	BCOF Japan	Korea	SIGNATURE		
Borneo	Vietnam	Malayan Emergency	Oldivalone		
Gulf War East Timor		Iraq			
Afghanistan Solomon Islands		ADF Regular	Date:		
ADF Other	ADF Other				
Peacekeeping		By becoming a member, you agree to us collecting, storing, using and protecting your personal information in accordance with our Privacy			
Other			Statement available at <u>rslqld.org</u> . Our Privacy Stateme information about how we protect and manage person		
OFFICE HEE ONLY					

MEMBERSHIP APPLICATION FORM

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 rule

Date:	Receipt number:	
Name:		
Sub Branch:		