

Social Membership Application Russell Island RSL sub branch

Please print clearly - Applications that cannot be read will not be processed

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Title (Mr/Mrs/Miss/MS)			Post Nominals (Dr/Prof)
First name			Middle Name
Surname			Preferred Name
D.O.B			Gender
Address			
Suburb			Postcode
State			
Home PH			Mob Ph
Email			
Nominated by club Name and member number member		Name and member number	
 Mail Email SMS Photo Identification: Sighted by: (Club Representatives only) I declare that: 			
O All information provided is true and correct			
0	I agree that upon acceptance of membership application that I will abide by the Russell Island RSL sub branch Constitution, Regulations and Rules. (Available on request)		
0	O I agree to maintain an appropriate standard of dress in accordance with the Club's standard notices and above mentioned Regulations.		
Applicants Signature:			Date:
constitution of constitut	nal requirement tional requireme	s and reserves the right to rents be found to have occur	t to refuse membership if applicant does not meet revoke any membership at any time should a breach red.
OFFICE USE ONLY Please initial and date field			
	Payment rece	ived:	Card Printed:
	Details Entere	d:	Card collected: