

# **RSL (QUEENSLAND BRANCH)**

RETURNED & SERVICES LEAGUE OF AUSTRALIA

## **PERSONAL DETAILS (required)**

Title (Mr/Mrs/Miss):	Post Nominals:	
First Name:	Middle Name:	
Surname:	Preferred Name:	
Country of Birth:	Gender: Male Female	
Maiden Name:	DOB:	
Address:		
Suburb:	Postcode:	
State:	Country:	
Phone:	Mobile:	
Email:		

# 

PUSTAL ADDRESS			
Same as above address:			
Address:			
Suburb:	Postcode:		
State:	Country:		
NEXT OF KIN			
First Name:	Surname:		
Relationship:	Phone:		
Address:			
Suburb:	Postcode:		
State:	Country:		

# SERVICE HISTORY (required for Service Membership)

Branch of Service:	Army	Navy	Airforce	
	Allied	Other		
Service Number:			Length of Service:	
Enlistment Date:			Discharge Date:	
Rank:			Unit:	
Currently Serving in QLD	,	Yes	No	

ADF members currently serving in QLD are entitled to free membership.

## **THEATRES OF WAR**

World War 2	BCOF Japan	Korea
Borneo	Vietnam	Malayan Emergency
Gulf War	East Timor	Iraq
Afghanistan	Peacekeeping	
Solomon Islands	Other	

# MEMBERSHIP APPLICATION FORM

<b>REFERRAL</b> How did you hear about RSL QLD?			
	Friend/Family	RSL Event	RSL Member
	Google	Other	
PREVIOUS MEMBERSHIP			
I have previously been a member of the RSL			
Member Number:			
Sub Branch:			

State:

Date joined:

# MEMBERSHIP

I apply to be admitted as a member of:

# SERVICE MEMBERSHIP (pick one)

Annual Fee	\$20
Annual Fee (Currently Serving)	\$0
Life Subscriber (18 - 39 yrs)	\$300
Life Subscriber (40 - 44 yrs)	\$260
Life Subscriber (45 - 49 yrs)	\$220
Life Subscriber (50 - 54 yrs)	\$180
Life Subscriber (55 - 59 yrs)	\$140
Life Subscriber (60 - 64 yrs)	\$120
Life Subscriber (65+ yrs)	\$100
CITIZEN'S AUXILIARY	
Joining Fee	\$5
Badge (optional)	\$5
Junior (12 - 18 yrs)	\$0
WOMEN'S AUXILIARY	
Joining Fee	\$5

# Badge (optional)

\$5

## NON-LEAGUE

Social Member (see Sub Branch for fee amt.)

#### I DECLARE

- The information provided is true and correct.
- I agree to the Constitution and its By-Laws.
- I enclose payment for the Membership selected.

## SIGNATURE:

#### Privacy:

By becoming a Member, you agree to us collecting, storing, using and protecting personal information in accordance with our Privacy Statement available at www.rslqld.org. 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 that Proof of Membership eligibility has been sighted and the applicant qualifies in accordance with RSL (Queensland Branch) rules.

Date:	Receipt Number:	Signature:
Sub Branch:	Name:	