



THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LTD

ABNs:
National: 63 008 488 097
QLD: 799 026 1713
VIC: 739 417 653 64

ACT: 612 683 626 46
SA: 192 197 969 04
WA: 592 631 721 84

NSW: 783 681 138 161
TAS: 119 770 931 23



Application for Service Membership

I HEREBY APPLY to be admitted as a Service Member of the League and a member of the Sub-Branch in the Region of the State Branch.

PERSONAL DETAILS

Surname: Mr/Mrs/Miss/Ms/Rank:
Christian/Given Names: Nee (Maiden Name):
Date of Birth: Country of Birth:
Mail Address:
Suburb: Postcode: State/Country:
Phone (inc STD): (Work) (Home)
Mobile: Fax: E-mail:

SERVICE DETAILS

Branch of Service: Army Navy Air Force National Service Allied Forces Police Other:
Type of Service: Regular / Reserve / Both (Please circle) Last Unit:
Service Number: Rank: Length of Service:
Date of Enlistment: Still Serving or Discharge Date:
RSL Eligible Service (Use two digit code below):
Honours/Awards/Decorations (Post Nominals)
Campaign and Service Medals:

RSL Eligible Service Codes:

Table with 5 columns of service codes: 01 World War 1, 02 World War 2, 03 BCOF (Japan) Islands, 04 Korea, 05 Malayan Emergency, 06 Borneo Confrontation, 07 Vietnam, 08 Peacekeeping, 09 Other, 10 East Timor, 11 Gulf War, 12 National Service, 13 ADF (Regular), 14 ADF (Reserve), 15 Allied Forces, 16 Rwanda, 17 Afghanistan, 18 Iraq, 19 Solomon, 20 To be used

PREVIOUS MEMBERSHIP DETAILS

Previous Membership: (circle one if applicable) YES/NO Date First Joined: RSL Badge Number:
Previous Member of: Sub Branch of the State Branch.

DECLARATION AND AGREEMENT

I DECLARE THAT (i) the above information is true and correct. (ii) I agree to uphold the Constitution of the League and its By-Laws.
I ENCLOSE Cheque/cash for \$..... being my current membership subscription.
Signature of Applicant: 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. As per By-Law 12.

Payment Details

Annual membership \$40.00 is required with this form if payment before 30 June. Pro-rata payments apply after 30 June. See over for current rates.

Please indicate below if you require:

Listening Post Yes No

Address for Correspondence:

PO Box 3023, Perth Adelaide Tce, 6832
Ph: (08) 9287 3705 Fax: (08) 9287 3732
Country Callers Only: 1800 259 799 Email: membership@rslwahq.org.au

**ADMINISTRATION**

**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 (WA Branch) Constitution. **(Doubtful cases should be referred to HQ)**

Signature of Authorised Officer \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Date	Receipt Number	Amount Paid
____/____/____		\$

**COMPLIMENTARY MEMBERSHIP (1 Year if applicable)**

Financial Year	Date of overseas service: From:	Date of overseas service: To:
	____/____/____	____/____/____

**RSL BADGE  
NO:**

\_\_\_\_\_

<b>PRO-RATA PAYMENTS</b>	
July	\$TBA
August	\$TBA
September	\$TBA
October	\$TBA
November/December	\$40.00
<i>(November/December payment includes next year's subscription)</i>	