



APPLICATION

AFFILIATE MEMBERSHIP OF AN R.S.L. SUB-BRANCH VICTORIA

I, Mr Mrs Miss Ms.....
(Given Names)
Please PRINT Clearly
(Surname)

of..... Post Code
(Postal Address) Email.....

Date of Birth Phone No:

hereby apply for Affiliate membership of the..... Sub-Branch and duly
 declare that I will abide by the Rules of the said Sub-Branch in this respect.

I claim qualification in one of the following categories:-

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|-----|--|--|
| 1. | Spouse..... | |
| 2. | Child..... | |
| 3. | Step-Child..... | |
| 4. | Son-in-law or Daughter-in-law..... | |
| 5. | Parent..... | |
| 6. | Sister, Brother or Cousin..... | |
| 7. | Grandchild..... | |
| 8. | Nephew, Niece, Aunt or Uncle..... | |
| 9. | Brother-in-law or Sister-in-law..... | |
| 10. | Persons awarded the Certificate of Merit or a Certificate of Appreciation
from the RSL..... | |
| 11. | Police..... | |
| 12. | Ambulance..... | |
| 13. | Fire Brigade..... | |
| 14. | State Emergency Service..... | |

**Please
Tick One
Appropriate
Category**

(Lines 1-9) of a person who is a Service or Life Member of the RSL, or of a person who, at the time of death, was eligible for such membership.

(Lines 11-14) documentation (photocopy) providing a minimum 6 months service must accompany this application.

TO THE STATE SECRETARY:

Application is hereby made for the issue of an Affiliate Member's badge and I understand that the badge is not transferable and will be given up should I cease to be a financial Affiliate Member of an RSL Sub-branch.

Previous Affiliate Member	Yes / No	Sub-Branch
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Signature of Applicant..... **Date**.....

List below:- Full name of person who is a Service or Life Member (Include Sub-Branch) or a person who at the time of death was eligible in respect of the above claim (provide service details) Eligible person's service details	Eligible person's signatureor state dec'dHQ. M' Ship No
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Proposed by: Seconded By:
(Service or Life Member ONLY)
(May be an Affiliate Member)

Relationship verified & accepted by Sub-branch(Honorary Secretary)

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 we will not pass that information to anyone outside of the League.

<u>HEADQUARTERS OFFICE USE ONLY</u>	
Badge No:.....	Date of issue:.....