



Application for Service Membership

I HEREBY APPLY to be admitted as a Service Member of the League and a member of the _____ Sub-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: _____ Mobile: _____ Email: _____

SERVICE DETAILS

Note: DOCUMENTARY EVIDENCE OF SERVICE TO BE PROVIDED WITH THIS APPLICATION

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

RSL Eligible Service Codes:

02 World War 2	05 Malayan Emergency	10 East Timor	17 Afghanistan	09 Other
03 BCOF (Japan)	06 Borneo Confrontation	11 Gulf War	18 Iraq	
04 Korea	07 Vietnam	16 Rwanda	19 Solomon Islands	

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) I have not been convicted of a criminal offence and do not have charges outstanding pertaining to a criminal offence.
 (ii) My application details are true and correct.
 (iii) I agree to uphold the Constitution of the League and its By-Laws.

Signature of Applicant: _____ **Date:** ____/____/____

PAYMENT: Cheque/cash/credit card for membership subscription (*Pro Rata Rates may apply*)

Please choose: 1 Yr - \$40 3 Yr - \$120 5 Yr - \$200

Visa MasterCard Expiry Date

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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.*

Address for Correspondence: PO Box 3023, East Perth WA 6892
Ph: (08) 9287 3705 **Fax:** (08) 9287 3732 **Country Callers Only:** 1800 259 799
Email: membership@rslwa.org.au **Website:** www.rslwa.org.au

Do you wish to receive the Listening Post?

Yes No

ADMINISTRATION

Sub-Branch Secretary/Membership Officers are to ensure this form is completed in full

Proof of membership eligibility has been sighted and the Sub Branch considers the applicant to be a fit and proper person to be admitted as a member. The applicant qualifies for membership in accordance with The RSLWA Branch Constitution. **(Where any doubt exists regarding an applicant's suitability or eligibility for membership the application must be referred to the State Branch for consideration)**

Signature of Authorised Officer _____ Date: ____/____/____

Print name: _____ Position: _____

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