

SERVICE & AFFILIATE MEMBERSHIP APPLICATION FORM

JOINING IS EASY!



Service membership — available to anyone who is or was a member of the Australian Defence Force with at least one day's service (fulltime equivalent) OR anyone who is or was a member of an Allied Armed Force with at least 6 months service.

Affiliate membership — available to anyone who has a close family member who is or was eligible for Service membership. Also available to anyone who works or has worked, with at least 6 months service, in the emergency services.

Appropriate proof of service must accompany this application for both Service and Affiliate membership.

*Mandatory Field

ALL APPLICANTS

*Previous membership: Yes No

*If yes, State: _____ Sub-Branch name: _____

*Sub-Branch joining: _____

*Membership Category: Service Affiliate

*Period: 1 year 3 years

Member Details

*Title: Mr Mrs Ms Miss Mx Other

If other, please specify e.g. Colonel: _____

*Given Name(s): _____

*Last Name: _____

Post Nominals: _____

*Gender: Male Female Other

*Date of Birth: / /

Residential Address

*Street: Line 1 _____

Line 2 _____

*City/Suburb: _____

*Post Code:

Postal Address (if different)

*Street: Line 1 _____

Line 2 _____

*City/Suburb: _____

*Post Code:

Telephone

*Mobile:

Home: ()

*Email Address: _____

Identification

*Type: _____ *ID Number: _____

*State: _____ *Expiry: _____

Emergency Contact

*Name: _____

*Phone: _____ *Relationship: _____

SERVICE APPLICANTS ONLY

ADF Allied Armed Forces

If allied, which country: _____

Service Number/PMKeyS Number: _____

Service Arm: Navy Army Air Force

Current/Discharge Rank: _____

Unit/Ship: _____

Date Enlisted: _____

Date Discharged: _____

Service Awards: _____

Service Locations: _____

AFFILIATE APPLICANTS ONLY

Please detail your affiliated person's service below.

Their Name: _____

Service: Australia Allied Armed Force

Country: _____

Their Service Number/PMKeyS Number: _____

Their Service Arm: Navy Army Air Force

Your Relationship: _____

OR

Your own current or past emergency services work:

Police Fire Brigade (CFA & FRV) Ambulance SES

Declaration and Agreement

I declare that:

1. The information provided is true and correct.
2. I agree to uphold the constitution of the League and its By-Laws
3. I understand that as a member I will receive information about RSL events, activities, offers and communications from the RSL and its business partners.

*Signature of Applicant: _____

*Date: _____

Privacy Statement

The personal information provided on this form will be used in accordance with the RSL Victoria privacy policy. This policy is freely available and accessible via rslvic.com.au