SERVICE & AFFILIATE MEMBERSHIP APPLICATION FORM



with the RSL Victoria privacy policy. This policy is freely available and

accessible via rslvic.com.au



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.

*Relationship:

*Mandatory Field

*Name:

*Phone:

ALL APPLICANTS	SERVICE APPLICANTS ONLY
*Previous membership: Yes No No	ADF Allied Armed Forces
*If yes, State: Sub-Branch name:	If allied, which country:
*Sub-Branch joining:	Service Number/PMKeyS Number:
*Membership Category: Service Affiliate	Service Arm: Navy Army Air Force
*Period: 1 year 3 years	Current/Discharge Rank:
Member Details	Unit/Ship:
*Title: Mr Mrs Ms Miss Mx Other	Date Enlisted:
If other, please specify e.g. Colonel:	Date Discharged:
*Given Name(s):	Service Awards:
*Last Name:	Service Locations:
Post Nominals:	AFFILIATE ADDITIONATE ONLY
*Gender: Male Female Other	AFFILIATE APPLICANTS ONLY
*Date of Birth: // // // //	Please detail your affiliated person's service below.
Residential Address	Their Name:
*Street: Line 1	Service: Australia Allied Armed Force
Line 2	Country:
*City/Suburb:	Their Service Number/PMKeyS Number:
*Post Code:	Their Service Arm: Navy Army Air Force
Postal Address (if different)	Your Relationship:
*Street: Line 1	OR
	Your own current or past emergency services work:
Line 2	Police Fire Brigade (CFA & FRV) Ambulance SES
*City/Suburb:	
*Post Code:	Declaration and Agreement
Telephone	I declare that:
*Mobile:	 The information provided is true and correct. I agree to uphold the constitution of the League and its By-Laws
Home: ()	3. I understand that as a member I will receive information about RSL
*Email Address:	events, activities, offers and communications from the RSL and its business partners.
Identification	business partners.
*Type: *ID Number:	*Signature of Applicant:
*State: *Expiry:	*Date:
Emergency Contact	Privacy Statement
*Name:	The personal information provided on this form will be used in accordance