



RSL
NSW

AFFILIATE MEMBERSHIP APPLICATION FORM FAMILY, FRIENDS AND VOLUNTEERS

ELIGIBILITY FOR AFFILIATE MEMBERSHIP

Please tick the appropriate boxes for eligibility to become an Affiliate Member of RSL NSW:

The Applicant is:

A person who is any relative of a person (living or deceased) who is or was eligible to be a Service Member

A person who has received an award for giving valuable service to the League

A Cadet and/or Officer of Cadets over 17 years of age

Any person deemed by the Board or sub-Branch Executive to have provided significant service to and supports the charitable purpose of the League.

MEMBERSHIP

Which sub-Branch are you applying to become a member of?

I do not want to be attached to a sub-Branch

MEMBERSHIP FEE

FREE

PERSONAL DETAILS

Mr Mrs Miss Ms Neither

Surname Post nominals

First name Middle name

Maiden name Preferred name

Gender Male Female Other Prefer not to say

Date of Birth

Postal Address

Suburb Postcode

State Country

Mobile Home Phone

Email

PREVIOUS MEMBERSHIP

I have previously been a member of the RSL

Member number

sub-Branch State

Date joined

Next OF KIN

Mr Mrs Miss Ms Neither

Surname

First Name

Phone No

Email

Relationship

Mr Mrs Miss Ms Neither

Surname

First Name

Phone No

Email

Relationship

I DECLARE

The information provided is true and correct

I agree to abide by the RSL NSW Constitution and its Policies

SIGNATURE

Date

MEMBERSHIP ADMINISTRATION

1. The applicant is over 17 years of age Yes No Date

2. Eligibility Confirmed by

Checked by

3. Date of consideration of applicant by sub-Branch Committee

4. Date of sub-Branch Meeting at which applicant was elected to provisional Membership

Signed

sub-Branch Secretary

Date

SUB-BRANCH TO PHOTOCOPY APPLICATION
AND RETAIN A COPY FOR THEIR RECORDS