



RSL
Queensland

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (*mandatory fields)

Title (Mr/Mrs/Miss/Ms)*:	Post nominals:
First name*:	Middle name:
Surname*:	Preferred name:
Country of Birth*:	Gender: Male Female
DOB*:	Maiden name:
Address:	
Suburb:	Postcode:
State:	Country:
Phone:	ALT Phone:
Email:	

POSTAL ADDRESS

As above

Address:	
Suburb:	Postcode:
State:	Country:

NEXT OF KIN

First name:	Surname:
Relationship:	Phone:
Email:	

SERVICE HISTORY (*mandatory for Service Membership)

Branch of Service* Air Force Army Navy Allied
Other

Service No. or PM KEY No.*: Still serving*: Yes No

If yes, currently serving in Queensland? Yes No

ADF Members currently serving in Qld are entitled to free membership

Enlistment date*:	Discharge date*:
Rank:	Unit:

THEATRES OF SERVICE

World War II	BCOF Japan	Korea
Borneo	Vietnam	Malayan Emergency
Gulf War	East Timor	Iraq
Afghanistan	Solomon Islands	ADF Regular
ADF Other		
Peacekeeping		
Other		

PREVIOUS MEMBERSHIP

I have previously been a member of the RSL

Member number:	
Sub Branch:	
Date joined:	State:

MEMBERSHIP

Which Sub Branch are you applying to become a member of?

SERVICE MEMBERSHIP (CHOOSE ONE)

Annual fee	\$20
Annual fee (currently serving)	FREE
Life subscriber (18-39 years)	\$300
Life subscriber (40-44 years)	\$260
Life subscriber (45-49 years)	\$220
Life subscriber (50-54 years)	\$180
Life subscriber (55-59 years)	\$140
Life subscriber (60-64 years)	\$120
Life subscriber (65+ years)	\$100

CITIZEN'S AUXILIARY

Joining fee	\$5
Junior (12-18 years)	\$0

WOMEN'S AUXILIARY

Joining fee	\$5
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NON-LEAGUE

Social member (see Sub Branch for fee amount)	\$20
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I DECLARE

The information provided is true and correct

I agree to abide by the RSL Constitution and its By-Laws

I enclose payment for the membership selected

SIGNATURE

Date:

By becoming a member, you agree to us collecting, storing, using and protecting your personal information in accordance with our Privacy Statement available at rslqld.org. Our Privacy Statement includes additional information about how we protect and manage personal information.

OFFICE USE ONLY Sub Branch Secretary/Membership Officers are to ensure this form is completed in full.

I hereby confirm the Proof of Membership eligibility has been sighted and the applicant qualifies in accordance with RSL Queensland rules.

Date:	Receipt number:
Name:	
Sub Branch:	