



# RSL-SA Application for Affiliate Membership

I hereby apply to be admitted as a **Affiliate** of the Returned & Services League of Australia  
and a member of the:

Sub-Branch

## Personal Details

Mr/Mrs/Miss/Ms: \_\_\_\_\_ Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: / / Country of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State/Country: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

Are you related to a Service person? Yes / No

If you answered yes, please specify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Affiliate membership is open to any person who has empathy with the RSL, a desire to assist the League in its work and is over the age of 18 years.

## Declaration and Agreement

- (i) I declare that the above information is true and correct
- (ii) I agree to uphold the Constitution of the League and its By-Laws

Signature of Applicant: \_\_\_\_\_ Date: / /

Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_  
Sub-Branch Member Sub-Branch Member

Accepted by Sub-Branch: \_\_\_\_\_ (Honorary Secretary)

Date: / /

## 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. ABN 19 219 796 904