

SUB-BRANCH/OFFICE USE ONLY

Proposed by (Life or Service Member): _____

Seconded by (Life or Service Member): _____

Date Application Approved: _____

Date Entered: _____

Membership Number: _____

Badge Number: _____

Date Card Issued: _____

Proof of Service Documents Sighted: Yes ☐ No ☐



The RSL was founded in 1916 to provide comradeship and support to Australia's veterans and their families.

That core mission has never changed but has continued to evolve to meet the needs of each generation of servicemen and women.

We have a branch network that covers Australia and any veteran who needs help will get it — every serving ADF member and veteran will be warmly welcomed at their local RSL.

We advocate for the best possible conditions for our serving men and women and for those who have served the nation in the past.

We foster respect and thanks from the nation for all those who have made sacrifices in Australia's name and we will provide a strong voice on issues of national unity and security.

Learn more at rslvic.com.au

SERVICE & AFFILIATE MEMBERSHIP APPLICATION FORM



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