



THE RETURNED AND SERVICES LEAGUE
OF AUSTRALIA

NEW SOUTH WALES BRANCH INCORPORATED
"The Price of Liberty is Eternal Vigilance"
ABN:68969200631

Tel. 02 4472 9141
E-Mail:
Batemans- BaySB@rslnsw.org.au

Batemans Bay Sub-Branch
PO Box 135
Batemans Bay, NSW
AUSTRALIA, 2536

PERSONAL DETAILS

This information will be treated as confidential and used only in cases of emergency.

SURNAME.....CHRISTIAN NAME.....

Preferred Name.....Date of Birth.....

Home Address.....Mail address.....

.....Post Code..... Post Code

.....

Telephone No.....E-Mail.....

DATE JOINED RSL/...../.....

Associate Membership please state parent Sub-Branch.....

NEXT OF KIN

Name.....**Relationship**.....

ADDRESS IF DIFFERENT.....**PC**.....

PHONE.....

MILITARY SERVICE

SERVICELAST UNIT.....SERVICE No.....

PERIOD OF ENLISTMENT TO.....

HONOURS AND AWARDS.....

SUMMARY OF SERVICE.....

.....

.....

Date/...../.....

Signature.....



RSL
NSW

SERVICE MEMBERSHIP APPLICATION FORM

ELIGIBILITY FOR SERVICE MEMBERSHIP

You may be eligible for service membership if you have:

- served in the Australian Defence Force, or
- served with or supported or was otherwise engaged with the Australian Defence Force or the Armed Forces of its Allies, for at least 6 months, or
- you are any other person provided for in Appendix B of the Constitution.

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

New Annual Service Member: FREE Current Serving ADF: FREE

PERSONAL DETAILS (*mandatory fields)

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

NEXT OF KIN

First name Surname

Relationship

Contact Phone Number/s

Email

First name Surname

Relationship

Contact Phone Number/s

Email

PREVIOUS MEMBERSHIP

I have previously been a member of the RSL

Member number

sub-Branch

Date joined State

SERVICE HISTORY (Mandatory)

Air Force Army Navy Merchant Navy

Other

PMKeyS/Employee ID/Service No.

Are you still serving in the ADF?

Enlistment Date

Regular Perm Current Rank

Regular P-Time Current Unit

No

Discharge/Separation Date

Final Rank Unit

THEATRE OF SERVICE

World War II BCOF Japan Korea

Borneo Vietnam Malayan Emg

Gulf War East Timor Iraq

Afghanistan Solomon Is ADF Regular

ADF Other Peacekeeping Other

Campaign/Service Medals - Please list:

I DECLARE

The information provided is true and correct

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

SIGNATURE

Date



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