THE RETURNED & SERVICES LEAGUE OF AUSTRALIA

WESTERN AUSTRALIA BRANCH INCORPORATED

Application for 50 Year Certificate

In accordance with Rules 49.6 and 49.7 of our State Constitution, application is hereby made for the issue of the following 50 Year Certificate:

Name: _____

Please Print Name as you want it to appear on the Certificate

Sub-Branch: _____

First Joined Sub-Branch: / / Financial To: / /

Sub-Branch Details

Sub-Branch: _____

This nomination was approved by the members of this Sub-Branch at a General Meeting held on

_____ (date)

_____ _____

Sub-Branch President Sub-Branch Secretary

_____ _____

Date Date

OFFICE USE ONLY

Checked By: _____

Date Checked: _____

Service No: _____

Year Joined: _____

Financial To: _____

Years Missed: _____

Total Years of Membership: _____

Application Approved: Yes No

Signature: _____