



I HEREBY APPLY to be admitted as a Service Member of the League and a member of the _____ Sub-Branch
in the _____ Region of the _____ State Branch.

PERSONAL DETAILS

Surname: _____ Mr/Mrs/Miss/Ms/Rank: _____
 Christian/Given Names: _____ Nee (Maiden Name): _____
 Date of Birth: ____/____/____ Country of Birth: _____
 Mail Address: _____
 Suburb: _____ Postcode: _____ State/Country: _____
 Phone (inc STD): (Work) (____) _____ (Home) (____) _____
 Mobile: _____ Fax: (____) _____ E-mail: _____

SERVICE DETAILS

Branch of Service: Army Navy Air Force National Service Allied Forces Police Other: _____
 (Please specify)
 Type of Service: Regular / Reserve / Both (Please circle) Last Unit: _____
 Service Number: _____ Rank: _____ Length of Service: _____
 Date of Enlistment: ____/____/____ Still Serving or Discharge Date: ____/____/____
 RSL Eligible Service (Use two digit code below): _____
 Honours/Awards/Decorations (Post Nominals) _____
 Campaign and Service Medals: _____

RSL Eligible Service Codes:

01 World War 1	05 Malayan Emergency	09 Other	13 ADF (Regular)	17 Afghanistan
02 World War 2	06 Borneo Confrontation	10 East Timor	14 ADF (Reserve)	18 Iraq
03 BCOF (Japan)	07 Vietnam	11 Gulf War	15 Allied Forces	19 Solomon Islands
04 Korea	08 Peacekeeping	12 National Service	16 Rwanda	20 To be used

MEMBERSHIP DETAILS

Date First Joined: ____/____/____ RSL Badge Number: _____
 Previous Member of: _____ Sub Branch of the _____ State Branch.
 Membership Type: Service Life Member Life Subscriber Honorary

DECLARATION AND AGREEMENT

I DECLARE THAT (i) 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: ____/____/____

ADMINISTRATION

Sub-Branch Secretary/Membership Officers are to ensure this form is completed in full

I hereby confirm that proof of membership eligibility has been sighted and the applicant qualifies in accordance with RSL (WA Branch) Constitution. **(Doubtful cases should be referred to HQ)**

Signature of Authorised Officer _____ Date: ____/____/____

Print name: _____ Position: _____

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. *As per By-Law 12.*

Address for Correspondence:

PO Box 3023, PERTH Adelaide Tce 6832

Ph: (08) 9287 3705 Fax: (08) 9287 3732

Country Callers Only: 1800 259 799 Email: membership@rslwahq.org.au