THE RETURNED & SERVICES LEAGUE OF AUSTRALIA

WESTERN AUSTRALIA BRANCH INCORPORATED

Application for Office Bearer's Certificate

In accordance with Rule 49.4 of our State Constitution, application is hereby made for the issue of the following Certificate:

Sub-Branch _____

President's Certificate

Name: _____

Sub-Branch: _____
From: / / To: / /

Secretary's Certificate

Name: _____

Sub-Branch: _____
From: / / To / /

Treasurer's Certificate

Name: _____

Sub-Branch: _____

From: / / To: / /

Please Print name as to appear on the Certificate

_____ Sub-Branch President

_____ Sub-Branch Secretary

_____ Date

_____ Date

Office Use Only

Application Approved: Yes ☐ No ☐

Checked By: _____

Service No: _____

Year Joined: _____

Financial To: _____