



THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LTD

ABNs:
National: 63 008 488 097
QLD: 799 026 1713
VIC: 739 417 653 64

ACT: 612 683 626 46
SA: 192 197 969 04
WA: 592 631 721 84

NSW: 783 681 138 161
TAS: 119 770 931 23



Application for Interstate Membership Transfer

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) I have not been convicted of a criminal offence and do not have charges outstanding pertaining to a criminal offence.
- (ii) My application details are true and correct.
- (iii) 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

Proof of membership eligibility has been sighted and the Sub Branch considers the applicant to be a fit and proper person to be admitted as a member. The applicant qualifies for membership in accordance with The RSL WA Branch Constitution. **(Where any doubt exists regarding an applicant's suitability or eligibility for membership the application must be referred to the State Branch for consideration)**

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