



RSL-SA Application for Affiliate Membership

I hereby apply to be admitted as an Affiliate Member of the Returned & Services League of Australia and a member of the **Victor Harbor Sub-Branch**.

Personal Details

Title: Given Names:

Surname:

Sex: D.O.B: Country of Birth:

Postal Address:

Suburb: Post Code: State / Country:

Phone (W): (H) (M)

Email:

Are you related to a Service person: ☐ Yes ☐ No

If "yes" please specify: Service Number: Name:

Unit Served with: Conflict:

Previous Membership Details (if applicable)

Previous Membership: ☐ Yes ☐ No Date first joined the League:

Badge number of previous membership: (if applicable)

State & Sub-Branch of previous membership: (if applicable)

Declaration and Agreement

☐ I declare that the above information is true and correct.

☐ I agree to uphold the Constitution of the League and its By-Laws.

Signature of Applicant:

Date:

Proposed By:

Seconded By:

Sub-Branch Member

Sub-Branch Member

Accepted by Sub-Branch:

Date:

(Honorary Secretary)

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. ABN 19 219 796 904