



**RSL**  
NSW

# AFFILIATE MEMBERSHIP APPLICATION FORM FAMILY, FRIENDS AND VOLUNTEERS

## ELIGIBILITY FOR AFFILIATE MEMBERSHIP

Please tick the appropriate boxes for eligibility to become an Affiliate Member of RSL NSW:

The Applicant is:

A person who is any relative of a person (living or deceased) who is or was eligible to be a Service Member

A person who has received an award for giving valuable service to the League

A Cadet and/or Officer of Cadets over 17 years of age

Any person deemed by the Board or sub-Branch Executive to have provided significant service to and supports the charitable purpose of the League.

## MEMBERSHIP

Which sub-Branch are you applying to become a member of?

I do not want to be attached to a sub-Branch

## MEMBERSHIP FEE

FREE

## PERSONAL DETAILS

Mr	Mrs	Miss	Ms	Neither
<input type="text"/> Surname		<input type="text"/> Post nominals		
<input type="text"/> First name		<input type="text"/> Middle name		
<input type="text"/> Maiden name		<input type="text"/> Preferred name		
Gender	Male	Female	<input checked="" type="checkbox"/> (non-binary/indeterminate/intersex/unspecified/other)	
<input type="text"/> Date of Birth				
<input type="text"/> Postal Address				
<input type="text"/> Suburb			<input type="text"/> Postcode	
<input type="text"/> State		<input type="text"/> Country		
<input type="text"/> Mobile		<input type="text"/> Home Phone		
<input type="text"/> Email				

## PREVIOUS MEMBERSHIP

I have previously been a member of the RSL

Member number

<input type="text"/> sub-Branch	<input type="text"/> State
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 Date joined

## Next OF KIN

Mr Mrs Miss Ms Neither

 Surname First Name Phone No Email Relationship

Mr Mrs Miss Ms Neither

 Surname First Name Phone No Email Relationship

## I DECLARE

The information provided is true and correct

I agree to abide by the RSL NSW Constitution and its Policies

## SIGNATURE

 Date

## MEMBERSHIP ADMINISTRATION

1. The applicant is over 17 years of age Yes Date

2. Eligibility Confirmed by

Checked by

3 Date of consideration of applicant by sub-Branch Committee

4 Date of sub-Branch Meeting at which applicant was elected to provisional Membership

Signed

  
*sub-Branch Secretary*

Date

PLEASE NOTE THAT NOT ALL RSL NSW SUB-BRANCHES CAN ACCEPT AFFILIATE MEMBERS