Application
Affiliate Membership of an RSL Sub-Branch
Victoria

I, Mr. Mrs. Miss Ms……
(Given Names) (Surname)
of……..
(Postal Address) (Post Code)
Date Of Birth……. Telephone Number……

Hereby apply for Affiliate Membership of the ……Sub-Branch and duly declare that I will abide by the rules of the said Sub-Branch in this respect.
I claim qualification in one of the following categories, (please tick appropriate category):

1	Spouse	[ ]
2	Step Child.....	[ ]
3	Son – in – law or Daughter – in – law.....	[ ]
4	Parent	[ ]
5	Sister, Brother or Cousin.....	[ ]
6	Grandchild.....	[ ]
7	Nephew, Niece, Aunt or Uncle	[ ]
8	Brother – in – law, or Sister – in – law	[ ]
9	Awarded an RSL Certificate of Merit or Certificate of Appreciation	[ ]
10	Police	[ ]
11	Ambulance Service	[ ]
12	Fire Brigade	[ ]
13	State Emergency Service	[ ]

(Lines 1 – 9) of a person who is an Ordinary or Life Member of the RSL, or of a person who, at the time of death was eligible for such membership.
(Lines 11–14) documentation, (photocopy), providing a minimum of 6 months service must accompany this application.

Details of person from whom membership is being claimed

Name…… Sub-Branch……

Service Details……. Signature……..

TO THE STATE SECRETARY:
Application is hereby made for the issue of an Affiliate Members badge and I understand that the badge is not transferable and will be given up should I cease to be a financial Affiliate Member of an RSL Sub-Branch

Previous Member Yes / No (Please circle).

SIGNATURE OF APPLICANT ……

Proposed By:……. Seconded By:……
(**Ordinary or Life Member <u>Only</u>**) (**May be an Affiliate Member**)

Relationship verified & accepted by Sub-Branch……(Secretary)

Date……..

<u>(HEADQUARTERS OFFICE USE ONLY)</u>

Approved……. Receipt No……...

Badge No…… Date of Issue……