



# Membership Application Form



**Service Membership** - Please complete sections A, B & E

**Affiliate Membership** - Please complete sections A, D & E

**Social Membership** - Please complete sections A & E

**Transfer of Membership** - Please complete relevant sections as above and section C

## Section A

Membership Application Type: **Service**  **Affiliate**  **Social**

Title: Mr  Mrs  Miss  Ms  Other  Rank

Given Names:

Surname:

Honours / Awards / Decorations (Post Nominals) (optional):

Male / Female:  Date of Birth:  /  /

Address:

Suburb:  Postcode:  State / Country:

Phone - Work:  Home:  Mobile:

Email:  Occupation (optional):

Next of Kin (optional):

Contact details for Next of Kin (optional):

Date first joined (optional):  Date rejoined (optional):

Do you wish to receive promotional material either by: mail:  email:  none:

## Section B

Australian Defence Force  Allied Forces

Service details: Army  Navy  Air Force

Merchant Navy  Police UN Service

Service Number:  Current / Discharged Rank:

Units / Ships:  Branch of Service:

Enlistment Date:  Discharge Date:

Operational Deployment (if any):

Permanent Forces:  Reserve:  DVA Number (optional)

## Section C

Transferring Member: Current Sub-Branch:

State Branch Number (if Applicable):  RSL Badge Number (if available):

State Sec. Authorisation:  Date:

**Section D**

**Claim for qualification for Affiliate Status:**

Full name of person who is a Service or Life Member (include Sub-Branch) or a person who at the time of death was eligible to be a League member:

Family relationship - please specify:

(Please specify relationship to the person who is a Service or life Member of the RSL, or of a person who, at the time of death was eligible for such membership)

Eligible person's service details:

State Branch Membership Number (if applicable):

Eligible person's signature (or date of death):

Police, Ambulance, Fire Brigade and SES - please specify:   
(Documentation supporting 6 months service must accompany this application).

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**Section E**

Proposed by (Service or Life Member only):

Seconded by (Service, Life or Affiliate):

**Declaration and Agreement:**

- I declare that:
- 1. the information provided is true and correct*
  - 2. I agree to uphold the Constitution of the League and its By-Laws*

**Signature of Applicant:**

**Date:**

**Privacy Statement:**  **Tick here if you do not wish to receive information and membership offers.**

*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 or communicate with you as a member of the League. We will not pass this information to anyone outside the League without your express permission.*

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Please return this form with payment of the appropriate membership fee (*do not send cash*) to:

Waverley RSL Sub-Branch  
161 Coleman Parade  
Glen Waverley Vic 3150

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**OFFICE USE ONLY**

Details verified and accepted by Sub-Branch:

Payment Received: \$

Authorised Name:

Date of Application approval:

Signature:

Date Card Issued: