

The Returned and Services League of Australia (New South Wales Branch)

(“the League”)

ABN 78 368 138 161

sub-Branch**Membership Number**

APPLICATION FOR SERVICE MEMBERSHIP

I HEREBY APPLY to be admitted as a **Service Member** of the League and a member of the

- (i) **Sub-Branch** or
(ii) **ANZAC House - Unattached List** of the RSL NSW Branch *(*Strike out whichever is not applicable)*

PERSONAL DETAILS

Surname	Post-nominals

[illegible]

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Male ☐ Female ☐

Address												Mob									

Suburb											State					Postcode						
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[illegible][illegible]

SERVICE DETAILS

PMKEYS / Service No. _____ Rank _____

Unit	Still Serving	Not Serving
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Service in: Navy ☐ Army ☐ Air Force ☐ Merchant Navy ☐ Other ☐

Date Enlisted

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 Discharged

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Type of Service: Regular ☐ Reserves ☐ National Service ☐ Other ☐

[illegible]

Overseas Service using codes below

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Codes: **02** World War II **03** BCOF Japan **04** Korea **05** Malayan Emergency **06** Borneo **07** Vietnam
08 Peacekeeping: _____ **09** Other: _____ **10** Gulf War **11** East Timor
12 Iraq **13** Afghanistan **14** Solomon Is.

RAS Badge No _____ Discharge Certificate Number (if applicable) _____

Campaign/Service Medals _____

PREVIOUS MEMBERSHIP

Previous membership (tick one) No ☐ Yes ☐ Date previously joined (if applicable) ____/____/____

Badge Number of previous RSL Membership (if applicable) _____

State and sub-Branch of previous RSL Membership (if applicable) _____

DECLARATION

I DECLARE * (i) I am an Australian citizen and am prepared to swear/affirm loyalty to the sovereign of the Commonwealth and will uphold the Constitution of the Commonwealth of Australia.

*(ii) I am not an Australian citizen and am prepared to swear/affirm loyalty to the sovereign of the Commonwealth and will uphold the Constitution of the Commonwealth of Australia.

*(iii) I am not an Australian citizen and request exemption from making the declaration of loyalty.

*(*strike-out the above declarations that are not applicable to you)*

(iv) I have never been found guilty of an indictable offence.

(v) I will abide by the Constitution and policies of RSL NSW and be bound by the Rules and SOP's of the above sub-Branch.

(vi) I have read and understood the Privacy Statement and consent to my personal information being used and disclosed by the RSL NSW in accordance with the Privacy Statement.

(vii) That the information contained on this application is true and correct.

(Note: If you do not sign this consent, we will be unable to process your application)

X Applicant's Signature _____ Date ____ / ____ / ____

SUB-BRANCH ADMINISTRATION

1. Service Documents sighted by _____ Date ____ / ____ / ____

Checked by _____ Date ____ / ____ / ____

2. Date of consideration of applicant by sub-Branch Committee Date ____ / ____ / ____

3. Date of the sub-Branch Meeting at which applicant was elected to provisional membership
Date ____ / ____ / ____

Signed _____ sub-Branch Secretary Date ____ / ____ / ____

SUB-BRANCH TO PHOTOCOPY / SCAN THIS APPLICATION AND RETAIN A COPY FOR THEIR RECORDS.

PLEASE NOTE

1) A copy of service and other relevant documents supporting the application must be forwarded with the application to ANZAC House to enable processing.

* (Scan copy & email is preferred to Support@rslnsw.org.au)

2) Your sub-Branch will be invoiced by RSL NSW for this membership fee.

* (Please do not make an EFT payment or send a Cheque with this application)

3) For New Members wishing to join RSL NSW as an ANZAC House member, your membership payment must accompany the application, either by EFT or Cheque.



The Returned and Services League of Australia

NEW SOUTH WALES BRANCH INCORPORATED

"The Price of Liberty is Eternal Vigilance"

ABN: 68969200631

Tel: 02 4472 9141

Email: batemans-baysb@rslnsw.org

Batemans Bay Sub-Branch

PO Box 135

Batemans Bay, NSW

AUSTRALIA, 2536

PERSONAL DETAILS

Surname: _____ Christian Name: _____

Preferred Name: _____ Date of Birth: _____

Home Address: _____ Postcode: _____

Mail Address: _____ Postcode: _____

DATE JOINED RSL: ____/____/____

Associate Membership please state parent Sub-Branch: _____

NEXT OF KIN:

Name: _____ Relationship: _____

Address if different: _____ Postcode: _____

Telephone No.: _____

MILITARY SERVICE

SERVICE: _____ LAST UNIT: _____ SERVICE No.: _____

PERIOD OF ENLISTMENT: _____ TO: _____

HONOURS AND AWARDS: _____

SUMMARY OF SERVICE: _____

Date: ____/____/____

Signature: _____