



Membership Application/Transfer or Associate Declaration

ABN: 79 902 601 713

1. APPLICATION DETAILS		To Be Completed In Full By All Applicants	
<input type="checkbox"/> SERVICE MEMBER <input type="checkbox"/> LIFE SUBSCRIBER <input type="checkbox"/> LIFE MEMBER	<input type="checkbox"/> New <input type="checkbox"/> Rejoin <input type="checkbox"/> Transfer <input type="checkbox"/> Defence Member (Please also Complete Section 6) <input type="checkbox"/> New <input type="checkbox"/> Upgrade from Service Member <input type="checkbox"/> Transfer <input type="checkbox"/> Transfer <i>Life Membership is GRANTED not applied for.</i>	<input type="checkbox"/> ASSOCIATE MEMBER <input type="checkbox"/> New <input type="checkbox"/> Renew Annual Associate No: _____ <i>Please Complete Section 1, 2, 4 & 7</i>	
Current or Previous League Membership <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please complete the adjacent section.	Current or Previous Membership No: _____ RSL Badge No: _____ Current or Previous State: _____ If previous Member, has your Membership been continuous since joining? <input type="checkbox"/> YES <input type="checkbox"/> NO Date or Year Continuity Began: ____/____/____ Date or Year First Joined: ____/____/____		
Note: 1 For Transfers, fill in Gaining & Losing Sub Branches & Districts. 2 Otherwise, fill in New or Current Sub Branch & District.	New/Current/Gaining Sub Branch New/Current/Gaining District	Previous/Losing Sub Branch Previous/Losing District	

2. PERSONAL DETAILS		To Be Completed By All Applicants	
Salutation: _____ Surname: _____ Maiden/Other Name: _____			
Given Names: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: ____/____/19____		Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other _____	
Address: _____			
Suburb: _____		Postcode: _____ State/Country: _____	
Phone (inc STD): (H) (____) _____		(W) (____) _____ Mobile: _____	
E-mail (Please Print): _____@_____			
Next of Kin Surname: _____		Given Names: _____ Relationship: _____	
Address: _____			
Suburb: _____		Postcode: _____ State/Country: _____	
Contact Number: Ph: (____) _____		Mobile: _____	
Honours/Awards/Decorations (Post Nominal's): _____			

3. SERVICE DETAILS		To Be Completed By All New, Rejoining, Defence & Interstate Transfer Applicants	
Service/PMKeyS Number: _____		Branch of Service: _____ <small>Army / Navy / Air Force / Allied Forces</small>	
Type of Service: <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Both		Still Serving: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Unit: _____	
Length of Service: _____ Years		Date of Enlistment: ____/____/____ Discharge Date: ____/____/____	
RSL Eligible Service (Use two digit code/s below): _____		(Non Overseas Service use 13 or 14) RAS Badge No: _____ (If Applicable)	
Campaign and Service Medals:			
Eligible Service Codes	02 World War 2 05 Malayan Emergency 08 Peacekeeping 11 Gulf War	14 ADF (Reserve) 17 Afghanistan	
	03 BCOF (Japan) 06 Borneo Confrontation 09 Other 12 National Service	15 Allied Forces 18 Iraq	
	04 Korea 07 Vietnam 10 East Timor 13 ADF (Regular)	16 Rwanda 19 Solomon Islands	

4. DECLARATION AND AGREEMENT	Thank You For Your Support	5. MEMBERSHIP USE ONLY
I DECLARE THAT (i) the enclosed information and Proof of Service is true and correct. (ii) I agree to uphold the Constitution of the League and its By-Laws. I ENCLOSE Cheque/Cash for \$ _____ .00 for _____ year/s subscription. Signature of Applicant: _____ Date: _____		Membership No: _____ Badge No: _____ Date Application Processed: _____
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 or to forward you League related material. We will not pass that information to anyone outside the League.		

6. DEFENCE MEMBERSHIP **To Be Completed If ADF Member Applying For Membership Fee Exemption**

DEFENCE MEMBERSHIP (FREE)– Refer to *Section 3 of the Manual of Membership Administration (MMA)*

Please select one of the following *eligibility* types: Overseas Service Retirement Other (attach) _____

Applicable Financial Year/s for Membership Fee Exemption	Discharge/Retirement Date (Current Financial Year only)	Date of Overseas Service	
		From	To

RSL (Qld Branch) offers **one year FREE Service Membership** to any Member of the ADF on their return from Overseas Service, irrespective of where they have served. Defence Membership is only offered to New Members and is to be provided on the following basis:

- a. ADF Members returning to Australia or Retiring prior to 30 June – Remainder of that year.
- b. ADF Members returning to Australia or Retiring on or after 01 July – Remainder of that year + the following year.

Additionally, ADF Members who are Members of the League will be provided with **continued Membership fee exemption if they are serving overseas** when Annual Membership fees are due. In all cases the ADF Member must apply within that calendar year.

7. ASSOCIATE DECLARATION **Please Complete Sections 1, 2 and 4 for existing QLD Members**

RSL (Qld Branch) State Rules, declare that a Service Member, Life Member or Life Subscriber shall only be entitled to Hold Office, VOTE and SPEAK at a meeting of not more than one Sub Branch. In Section 1, please enter your Current Membership type, Membership Number and your Current Associate Number for Renewals.

Please enter below your Parent Sub Branch, Associate Sub Branch/s and their respective Financial status. Also include the Sub Branch where you wish your VOTING rights to be held.

Parent District or State	Parent Sub Branch	Financial Year	Associate District/s	Associate Sub Branch/s	Financial Year	Voting Rights Sub Branch

Name: _____ Signature: _____ Date: ____ / ____ / 20__

8. SUB BRANCH ADMINISTRATION **Must Be Signed and Dated By Authorised Member**

Sub Branch Secretary/Membership Officers are to ensure this form is completed in full. Issue of a receipt is mandatory.

Sub Branch Decision: Approved Not Approved Member is Current for Financial Year.

If Approved: I hereby confirm that Proof of Membership eligibility has been sighted, the Member's Financial status has been confirmed and the applicant qualifies in accordance with RSL (Qld Branch) Rules.

Secretary/Membership Officer: Name: _____ Signature: _____

Sub Branch: _____ Date: ____ / ____ / 20__

Date	Receipt Number	Multiple Years Payment
		<input type="checkbox"/> Applicant has paid for multiple years: From Year ____ To Year ____

- Note:**
- Only forward this application to State Branch for processing. **Do not forward any Proof of Service documents or other papers except for Transfer from Interstate.**
 - Applications will NOT BE processed if the Member is not Financial for the Current Financial Year.

9. MEMBERSHIP FEE STRUCTURE

Service Members	Life Subscribers							Associate
Per Annum	Up to Age 39 Years	40 – 44 Years	45 – 49 Years	50 – 54 Years	55 – 59 Years	60 – 64 Years	65 Years Plus	Per Annum
\$ 20	\$ 300	\$ 260	\$ 220	\$ 180	\$ 140	\$ 120	\$ 100	See Sub Branch

Life Subscription: All New RSL Members and RSL Service Members can apply to become RSL Life Subscribers by paying the appropriate fee for your age group (See table above). Three of the advantages of Life Subscription are:

- ✓ No risk of losing continuity of your RSL Membership.
- ✓ No need to remember to pay the Annual Subscription.
- ✓ Show your Long-Term commitment to the aims and objectives of the League.