



PERSONAL DETAILS (required)

Title (Mr/Mrs/Miss):	Post Nominals:
First Name:	Middle Name:
Surname:	Preferred Name:
Country of Birth:	Gender: Male Female
DOB:	Maiden Name:
Address:	
Suburb:	Postcode:
State:	Country:
Phone:	Mobile:
Email:	

POSTAL ADDRESS

Same as above address

Address:

Suburb: Postcode:

State: Country:

NEXT OF KIN

First Name: Surname:

Relationship: Phone:

Address:

Suburb: Postcode:

State: Country:

SERVICE HISTORY (required for Service Membership)

Branch of Service:	Army	Navy	Air Force
	Allied	Other	
Service Number:	Length of Service:		
Enlistment Date:	Discharge Date:		
Rank:	Unit:		
Currently Serving in QLD?	Yes	No	

ADF members currently serving in QLD are entitled to free membership.

THEATRES OF SERVICE

World War 2	BCOF Japan	Korea
Borneo	Vietnam	Malayan Emergency
Gulf War	East Timor	Iraq
Afghanistan	Peacekeeping	
Soloman Islands	Other	

REFERRAL How did you hear about RSL QLD?

Friend/Family RSL Event RSL Member

Google Other

PREVIOUS MEMBERSHIP

I have previously been a member of the RSL.

Member Number:

Sub Branch:

Date joined: State:

MEMBERSHIP

I apply to be admitted as a member of:
IPSWICH RAILWAY SUB-BRANCH

R.S.L.

SERVICE MEMBERSHIP (pick one)

Annual Fee	\$20
Annual Fee (Currently Serving)	\$0
Life Subscriber (18 - 39 yrs)	\$300
Life Subscriber (40 - 44 yrs)	\$260
Life Subscriber (45 - 49 yrs)	\$220
Life Subscriber (50 - 54 yrs)	\$180
Life Subscriber (55 - 59 yrs)	\$140
Life Subscriber (60 - 64 yrs)	\$120
Life Subscriber (65+ yrs)	\$100

CITIZEN'S AUXILIARY

Joining Fee	\$5
Badge (optional)	\$5
Junior (12 - 18 yrs)	\$0

WOMEN'S AUXILIARY

Joining Fee	\$5
Badge (optional)	\$5

NON-LEAGUE

Social Member (see Sub Branch for fee amt.)

I DECLARE

The information provided is true and correct.

I agree to the RSL Constitution and its By-Laws.

I enclose payment for the Membership selected.

SIGNATURE:

Privacy:
By becoming a Member, you agree to us collecting, storing, using, and protecting personal information in accordance with our Privacy Statement available at www.rslqld.org. Our Privacy Statement includes additional information about how we protect and manage personal information.

OFFICE USE ONLY Sub Branch Secretary/ Membership Officers are to ensure this form is completed in full.
I hereby confirm the Proof of Membership eligibility has been sighted and the applicant qualifies in accordance with RSL (Queensland Branch) rules.

Date:	Receipt Number:	Signature:
Sub Branch:	Name:	