



THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LTD

ANNEX A TO MMA
SECTION THREE

ABNs:
National: 63 008 488 097 ACT: 612 683 626 46 NSW: 783 681 138 161
QLD: 799 026 1713 SA: 192 197 969 04 TAS: 119 770 931 23
VIC: 739 417 653 64 WA: 592 631 721 84

Application for Service Membership – Part A

I HEREBY APPLY to be admitted as an Service Member of the League and a member of the _____ Sub-Branch in the _____ District of the _____ State Branch.

PERSONAL DETAILS

Mr/Mrs/Ms/Rank: _____ Surname: _____ Christian/Given Names: _____
Male/Female: _____ Date of Birth: ____/____/____ Country of Birth: _____
Address: _____
Suburb: _____ Postcode: _____ State/Country: _____
Phone (inc STD): (W) (____) _____ (H) (____) _____
Mobile: _____ Fax: (____) _____ E-mail: _____
Next of Kin: Surname: _____ Christian/Given Names: _____ Relationship: _____
Address: _____
Suburb: _____ Postcode: _____ State/Country: _____
Contact Number: Ph: (____) _____ Mobile: _____
Honours/Awards/Decorations (Post Nominals) _____

SERVICE DETAILS

Service Number: _____ Branch of Service: _____
Army / Navy / Air Force / National Service / Allied Forces
Type of Service: Regular / Reserve / Both (Please circle) Last Unit: _____
Length of Service: _____ Date of Enlistment: ____/____/____ Discharge Date: ____/____/____
RSL Eligible Service (Use two digit code below): _____
RAS Badge Number: _____
Campaign and Service Medals: _____

RSL Eligible Service Codes:

01 World War 1	05 Malayan Emergency	09 Other	13 ADF (Regular)	17 Afghanistan
02 World War 2	06 Borneo Confrontation	10 East Timor	14 ADF (Reserve)	18 Iraq
03 BCOF (Japan)	07 Vietnam	11 Gulf War	15 Allied Forces	19 Solomon Islands
04 Korea	08 Peacekeeping	12 National Service	16 Rwanda	20 To be used

PREVIOUS MEMBERSHIP DETAILS

Previous Membership: (circle one if applicable) **YES/NO** Date First Joined: _____ Previous Badge Number: _____
Previous Member of: _____ Sub-Branch of the _____ State Branch.

DECLARATION AND AGREEMENT

I DECLARE THAT (i) the above information is true and correct.
(ii) I agree to uphold the Constitution of the League and its By-Laws.

I ENCLOSE Cheque/cash for \$..... being my current membership subscription.

Signature of Applicant: _____ Date: _____

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 and will not pass that information to anyone outside the League.

PLEASE CONTINUE OVER PAGE

Rewrite - 2005

Application for Service Membership cont. – Part B

**ANNEX A TO MMA
SECTION THREE**

Member to complete

OTHER DETAILS – Optional (for statistical purposes only)			
In Receipt of Dept of Veterans Affairs Pension? (Tick One)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DVA File No: _____
Type of Pension Above (Tick One if applicable)	Service <input type="checkbox"/>	Disability <input type="checkbox"/>	War Widow(er) <input type="checkbox"/>
In Receipt of Defence Force Pension? (tick one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employment - Currently (Tick One):	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/>

SUB-BRANCH ADMINISTRATION							
<u>Sub-Branch Secretary/Membership Officers are to ensure this form is completed in full.</u>							
Sub-Branch Decision: _____							
I hereby confirm that proof of membership eligibility has been sighted and the applicant qualifies in accordance with RSL (Qld Branch) Rules.							
Secretary/Membership Officer: _____ Date: ____/____/20____							
MEMBERSHIP ADMINISTRATION - to be completed in full.							
DATE	RECEIPT No.	Financial Year	Membership Type	DATE	RECEIPT No.	Financial Year	Membership Type
<input type="checkbox"/> FREE MEMBERSHIP – refer to Section Three of the Manual of Membership Administration (MMA)							
Financial Year	Discharge Date (current financial year only)	Date of Overseas Service From:	Date of Overseas Service To:				

STATE BRANCH ADMINISTRATION			
Date Application Processed:	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: 1px solid black; text-align: center; padding: 10px;"> QLD MEMBER NO: _____ </td> <td style="width:50%; border: 1px solid black; text-align: center; padding: 10px;"> RSL BADGE NO: _____ </td> </tr> </table>	QLD MEMBER NO: _____	RSL BADGE NO: _____
QLD MEMBER NO: _____	RSL BADGE NO: _____		