



RSL
Queensland

ASSOCIATE MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (*mandatory fields)

Title (Mr/Mrs/Miss/Ms)*:	Post nominals:
First name*:	Middle name:
Surname*:	Preferred name:
Country of Birth*:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB*:	Maiden name:
Address*:	
Suburb*:	Postcode*:
State*:	Country:
Phone:	ALT Phone:
Email:	

POSTAL ADDRESS (*mandatory)

☐ As above

Address:

Suburb: Postcode:

State: Country:

NEXT OF KIN

First name:	Surname:
Relationship:	Phone:
Email:	

SERVICE HISTORY (*mandatory for Service Membership)

Branch of Service* ☐ Air Force ☐ Army ☐ Navy ☐ Allied
☐ Other

Service No. or PM KEY No.*: Still serving*: ☐ Yes ☐ No

If yes, currently serving in Queensland? ☐ Yes ☐ No

ADF Members currently serving in Qld are entitled to free membership

Enlistment date*:	Discharge date*:
Rank:	Unit:

THEATRES OF SERVICE

<input type="checkbox"/> World War II	<input type="checkbox"/> BCOF Japan	<input type="checkbox"/> Korea
<input type="checkbox"/> Borneo	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Malayan Emergency
<input type="checkbox"/> Gulf War	<input type="checkbox"/> East Timor	<input type="checkbox"/> Iraq
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Solomon Islands	<input type="checkbox"/> ADF Regular
<input type="checkbox"/> ADF Other		
<input type="checkbox"/> Peacekeeping		
<input type="checkbox"/> Other		

CURRENT MEMBERSHIP

Member number:	
Sub Branch:	
Date joined:	State:

ASSOCIATE MEMBERSHIP

Which Sub Branch are you applying to become an Associate Member of?

VOTING RIGHTS

Which Sub Branch do you wish to have voting rights at?

I DECLARE

- ☐ The information provided is true and correct
- ☐ I agree to abide by the RSL Constitution and its By-Laws

SIGNATURE

Date:

By being a member, you agree to us collecting, storing, using and protecting your personal information in accordance with our Privacy Statement available at 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 rules.

Date:	Receipt number:
Name:	
Sub Branch:	

Signature: