

TRANSFER MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (*mandatory fields)		CURRENT MEMBERSHIP	
Title (Mr/Mrs/Miss/Ms)*:	Post nominals:	Member number:	
First name*:	Middle name:	Sub Branch:	
Surname*:	Preferred name:	Date joined: State:	
Country of Birth*:	Gender: Male Female	TRANSFER OF MEMBERSHIP	
DOB*:	Maiden name:	Which Sub Branch are you applying to transfer to	?
Address*:			
Suburb*:	Postcode*:	SERVICE MEMBERSHIP (if applicable)	
State*:	Country:	Annual fee	\$20
Phone:	ALT Phone:	Annual fee (currently serving)	FREE
Email:		Life subscriber (18-39 years)	\$300
		Life subscriber (40-44 years)	\$260
POSTAL ADDRESS (*mandatory)		Life subscriber (45-49 years)	\$220
As above		Life subscriber (50-54 years)	\$180
Address:		Life subscriber (55-59 years)	\$140
		Life subscriber (60-64 years)	\$120
Suburb:	Postcode:	Life subscriber (65+ years)	\$100
State:	Country:	CITIZEN'S AUXILIARY	
NEXT OF KIN		Joining fee	\$5
First name:	Surname:	Junior (12-18 years)	\$0
Relationship:	Phone:		ΨŪ
Email:		WOMEN'S AUXILIARY	
SERVICE HISTORY (*mandatory for Service Membership)		Joining fee	\$5
	Army Navy Allied	I DECLARE	
Other	Aility	The information provided is true and correct	
Service No. or PM KEY No.*: Still serving*: Yes No		I agree to abide by the RSL Constitution and	its
		By-Laws	
If yes, currently serving in Queensland? Yes No ADF Members currently serving in Qld are entitled to free membership		I enclose payment for the membership select	ed
Enlistment date*:	Discharge date*:	SIGNATURE	
Rank:	Unit:		
THEATRES OF SERVICE		Date:	
World War II BCOF Jap		By being a member, you agree to us collecting, storing, using and	ı
Borneo Vietnam	Malayan Emergency	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 process.	
Gulf War East Time		information about how we protect and manage personal information	
Afghanistan Solomon	Islands ADF Regular		
ADF Other			
Peacekeeping			
Other			

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:	Signature:
Name:		
Sub Branch:		