



About the RSL

The RSL was founded in June 1916 and evolved as a direct result of the camaraderie, concern and mateship shown by the diggers for the welfare of their mates during and after the 1914 - 1918 war. That ethos of compassion, service and loyalty remains to this day the motivating influence of the RSL.

Our mission is to ensure that programs are in place for the well-being, care, compensation and commemoration of serving and ex-serving Defence Force members and their dependants; and promote Government and community awareness of the need for a secure, stable and progressive Australia.

We aim to continue to provide a friendly and welcoming environment to the broader community. Our Sub-Branch network provides opportunity for individuals to become part of the local community to ensure commemoration and the tradition of the RSL name continues.

JOIN THE MARCH



SERVICE APPLICANTS ONLY

Australian Defence Force	<input type="checkbox"/>	Allied Armed Force	<input type="checkbox"/>	Country	<input type="text"/>
Service	Army <input type="checkbox"/>	Navy <input type="checkbox"/>	Air Force <input type="checkbox"/>	Merchant Navy	<input type="checkbox"/>
				Regular	<input type="checkbox"/>
				Reserve	<input type="checkbox"/>
Service Number	<input type="text"/>			Current/Discharge Rank	<input type="text"/>
Unit/Ship	<input type="text"/>				
Date Enlisted	<input type="text"/>			Date Discharged	<input type="text"/>
Service Awards	<input type="text"/>			Service Locations	<input type="text"/>
	<input type="text"/>				<input type="text"/>
	<input type="text"/>				<input type="text"/>

AFFILIATE APPLICANTS ONLY

Details of person who is a Service or Life Member (include Sub-Branch for Life Member) or a person who at the time of death was eligible to be a member of the League

Full name	<input type="text"/>	Service details	<input type="text"/>
	<input type="text"/>	Family relationship	<input type="text"/>
Eligible person's signature(or date of death)	<input type="text"/>		
*Six months service in the following:	Police <input type="checkbox"/>	Fire Brigade <input type="checkbox"/>	Ambulance <input type="checkbox"/>
			SES <input type="checkbox"/>

(*Documentation supporting this service must accompany this application)

ALL APPLICANTS

Next of Kin details (optional): Name

Contact Number

SUB-BRANCH

Proposed by (Service or Life Member only):

Seconded by (Service, Life or Affiliate):

Declaration and Agreement

I declare that: 1. the information provided is true and correct; 2. I agree to uphold the Constitution of the League and its By-Laws

Signature of Applicant: Date

I wish to receive promotional materials regarding electronic gaming machines and related activities. Yes No

I wish to receive promotional materials and membership offers not related to electronic gaming machines. Yes No

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 or communicate with you as a member of the League. We will not pass this information to anyone outside the League without your express permission.

OFFICE USE ONLY Date application approved: Date entered

Membership number Date card issued