



RSL
Queensland

TRANSFER 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: |

TRANSFER OF MEMBERSHIP

Which Sub Branch are you applying to transfer to?

SERVICE MEMBERSHIP (if applicable)

| | |
|---|-------|
| <input type="checkbox"/> Annual fee | \$20 |
| <input type="checkbox"/> Annual fee (currently serving) | FREE |
| <input type="checkbox"/> Life subscriber (18-39 years) | \$300 |
| <input type="checkbox"/> Life subscriber (40-44 years) | \$260 |
| <input type="checkbox"/> Life subscriber (45-49 years) | \$220 |
| <input type="checkbox"/> Life subscriber (50-54 years) | \$180 |
| <input type="checkbox"/> Life subscriber (55-59 years) | \$140 |
| <input type="checkbox"/> Life subscriber (60-64 years) | \$120 |
| <input type="checkbox"/> Life subscriber (65+ years) | \$100 |

CITIZEN'S AUXILIARY

| | |
|---|-----|
| <input type="checkbox"/> Joining fee | \$5 |
| <input type="checkbox"/> Junior (12-18 years) | \$0 |

WOMEN'S AUXILIARY

| | |
|--------------------------------------|-----|
| <input type="checkbox"/> Joining fee | \$5 |
|--------------------------------------|-----|

I DECLARE

- The information provided is true and correct
- I agree to abide by the RSL Constitution and its By-Laws
- I enclose payment for the membership selected

SIGNATURE

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: