



## APPLICATION FOR SERVICE MEMBERSHIP

### Personal Details

**Mr / Mrs / Miss / Ms** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name Middle Name Surname

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Preferred Name Maiden Name Post Nominals

**Date of Birth** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_

**Gender**  Male  Female  Non-binary **Email Address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **Secondary Number** \_\_\_\_\_

**Residential Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Mailing Address** *if different to Residential* \_\_\_\_\_

**Suburb** \_\_\_\_\_ **State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

### Emergency Contact Details

*A friend or family member who we can contact in the unlikely event of an emergency, or if we can't reach you*

**Full Name** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

### Service Details

**Branch of Service**  Army  Navy  Air Force **Service Number / PMKeyS** \_\_\_\_\_

**Country of Service** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Units of Service** \_\_\_\_\_

**Date of Enlistment** \_\_\_\_\_ **Date of Discharge** \_\_\_\_\_ **or**  **Currently Serving**

Conflict / Theatre Served	Date from	Date to

As per RSLWA Constitution (By-Law 3.6), documentary evidence of service is required in order to process applications for Service Membership & a copy of this must be submitted alongside your application. Proof of service must contain your full name & service number. Accepted categories are listed below, please tick whichever applies to you:

- Department of Defence issued certificates (Enlistment, Discharge, Etc.)
- Department of Defence issued Service Records
- DVA Veterans Cards (White, Gold, Orange)

If your proof of service does not fall into any of the above categories, please contact our State Membership Department to verify its suitability.



# RSLWA

ABN: 59 263 172 184  
 PO Box Z5424 St Georges Terrace, Perth WA 6831  
 ANZAC House Veteran Central  
 28 St Georges Terrace, Perth WA 6000  
 (08) 9287 3799  
[membership@rslwa.org.au](mailto:membership@rslwa.org.au)

### Previous RSL Membership

Have you ever been a member of an RSL in Australia? *If yes, please provide details below*  Yes  No

**State Branch** \_\_\_\_\_ **Sub-Branch** \_\_\_\_\_

**Current Financial Status** \_\_\_\_\_ **RSL Badge Number** \_\_\_\_\_

### RSLWA Communications & 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, as per By-Law 12.

Do you wish to subscribe to the Listening Post?  Yes, email a digital copy **or**  Yes, post a print copy **or**  No

Do you wish to receive information on RSLWA promotions & events?  Yes  No

### ANZAC Club

RSLWA Service Members are entitled to full use & privileges of ANZAC Club at no further cost, for information please visit [anzacclub.org.au](http://anzacclub.org.au)

Do you wish to receive information on ANZAC Club promotions & events?  Yes  No

### Declaration & Agreement

I declare that;

- I have not been convicted of a criminal offence and do not have charges outstanding pertaining to a criminal offence, and;
- My application details are true and correct, and;
- I agree to uphold the Constitution of the League and its By-Laws, and;
- Application is hereby made for the issue of a Service Member Badge, and I understand the badge is not transferrable and will be returned should I cease to be a financial Service Member of the RSL.

I hereby apply to be admitted as a Service Member of the League at the \_\_\_\_\_ Sub-Branch

\_\_\_\_\_  
 Name Signature Date

### Payment Details

1 Year - **\$40**     3 Years - **\$120**     5 Years - **\$200**     Donation (Optional) \$ \_\_\_\_\_

**Electronic Funds Transfer**

Account Name: RSLWA  
 BSB: 633 000    Account: 178 467 437  
 Reference: Service Number & Surname

**Cheque**

Make payable to RSLWA & submit with completed application form & Proof of Service to RSLWA State Branch

**Directly to Sub-Branch**

Submit payment, completed application form & Proof of Service at the Sub-Branch you wish to join

**Credit Card** *Please specify*     Visa     Mastercard    **Cardholder Name** \_\_\_\_\_

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Card Number

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Expiry

### Sub-Branch Administration

Proof of Membership eligibility has been sighted & the Sub-Branch considers the applicant to be a fit & proper person to be admitted as a Member. The Applicant qualifies for Membership in accordance with The RSLWA Constitution.

\_\_\_\_\_  
 Name Signature Date

### State Branch Administration

Badge Number	Receipt Number	Financial Reference