



RETURNED & SERVICES LEAGUE OF AUSTRALIA



022 SOCIAL MEMBERSHIP APPLICATION CITY OF BELMONT SUB – BRANCH

Mr / Mrs / Miss / Ms _____ / _____ / _____
(First Name) (Middle Name) (Surname)

Date of Birth ____ / ____ / ____ Country of Birth _____

Gender Male Female Non-binary Email Address _____

Mobile Number _____ Secondary Number _____

Residential Address _____

Suburb _____ State _____ Postcode _____

Declaration & Agreement

I declare that.

- My application details are true and correct, and. I agree to uphold the Constitution of the League and its By-Laws.

(Name) _____ (Signature) _____ (Date) ____ / ____ / ____

Payment Detail

Applications for Social Membership must be made directly to Sub-Branch Administration.


The Sub-Branch considers the applicant to be a fit and proper person to be admitted as a social member.

(Name) _____ (Position) _____

(Signature) _____



Sub-Branch Administration

Payment Directly to Sub-Branch  **\$25.00**

Cheque Make payable to City of Belmont RSL Sub-Branch.

Credit Card Visa Mastercard Cardholder's Name _____

Card Number _____ Expiry Date ____ / ____

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Receipt Number _ _ _

S/B Membership Number _ _ _