



RSL
NSW

SERVICE MEMBERSHIP APPLICATION FORM

ELIGIBILITY FOR SERVICE MEMBERSHIP

You may be eligible for service membership if you have:

- served in the Australian Defence Force, or
- served with or supported or was otherwise engaged with the Australian Defence Force or the Armed Forces of its Allies, for at least 6 months, or
- you are any other person provided for in Appendix B of the Constitution.

MEMBERSHIP

Which sub-Branch are you applying to become a member of?

☐ I do not want to be attached to a sub-Branch

MEMBERSHIP FEE

☐ New Annual Service Member: FREE ☐ Current Serving ADF: FREE

PERSONAL DETAILS (*mandatory fields)

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Neither

Surname	Post nominals
First name	Middle name
Maiden name	Preferred name

Gender ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Date of Birth	
Postal Address	
Suburb	Postcode
State	Country
Mobile	Home Phone
Email	

NEXT OF KIN

First name	Surname
Relationship	
Contact Phone Number/s	
Email	
First name	Surname
Relationship	
Contact Phone Number/s	
Email	

PREVIOUS MEMBERSHIP

☐ I have previously been a member of the RSL

Member number	
sub-Branch	
Date joined	State

SERVICE HISTORY (Mandatory)

☐ Air Force ☐ Army ☐ Navy ☐ Merchant Navy
☐ Other

PMKeyS/Employee ID/Service No.

Are you still serving in the ADF?

Enlistment Date

<input type="checkbox"/> Regular Perm	Current Rank
<input type="checkbox"/> Regular P-Time	Current Unit
<input type="checkbox"/> No	

Discharge/Separation Date

Final Rank Unit

THEATRE 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 Emg
<input type="checkbox"/> Gulf War	<input type="checkbox"/> East Timor	<input type="checkbox"/> Iraq
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Solomon Is	<input type="checkbox"/> ADF Regular
<input type="checkbox"/> ADF Other	<input type="checkbox"/> Peacekeeping	<input type="checkbox"/> Other

Campaign/Service Medals - Please list:

I DECLARE

- ☐ The information provided is true and correct
- ☐ I agree to abide by the RSL NSW Constitution and its Policies

SIGNATURE

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Date

MEMBERSHIP ADMINISTRATION

Checked by

Date

Date

Signed

sub-Branch Secretary

Date