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| **the retured and services league of australia** |
| **(new south wales)** |
| **auxiliary life membership** |

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| **information and procedures** |

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| Qualifications for Award |

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| The award is the highest honour which can be bestowed upon an Ordinary Member of an Auxiliary, and therefore, all recommendations should be thoroughly considered in that light, prior to submission. |

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| Basically, in considering a recommendation of a member for the Award, the following points should be borne in mind by the recommending:   * Life membership of an RSL Auxiliary is only open to Auxiliary Member. * A person recommended for the Award must have at least fifteen (15) years of continuous service as a member of an Auxiliary, ten (10) years of which are considered outstanding honorary service. * Service rendered as Patron or paid Auditor is not considered as qualifying service for the Award nor are services rendered to a Registered Club so considered. |

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| An Auxiliary life member form (which can be obtained from the Sub-Branch) will need to be completed and signed by the RSL Auxiliary Coordinator, detailing where the Auxiliary Member has met the eligibility criteria before the application progresses to the sub-Branch. The RSL Auxiliary Coordinator will be the sponsor of the application to the sub-Branch. |

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| The Life Members form will not be accepted unless all Questions are answered. |

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| **ALL PARTS OF THE FOLLOWING FORM MUST BE ANSWERED** |

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| Please ensure contents of forms are legible. The signature on the Life Membership Form is at times indecipherable. The printing of the name next to the signature is requested. |

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| No Life Membership application is to be accompanied by Statuary Declarations or letters of support. Work to be considered has to be associated with RSL work and Charities only. In country areas, some recognised charities (not RSL exclusively) may be considered. |

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| Service to local Schools, Churches, Surf Clubs, Scouts etc is not considered. |

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| **RECOMMENDATION FOR THE AWARD**  **OF AUXILIARIES LIFE MEMBERSHIP** |

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| The       sub-Branch recommends  Mr Mrs Miss       Surname        (Other Names)  For the Award of Life Membership.  Date of Birth       /       / | |
| **Members full Postal Address** | Post Code |
| **Date of Joining Auxiliary** | /       / |

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| **Has the member had a minimum of 15 years of Service?**  YES  NO |

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| **Dates**  Day/ Month/ Year in chronological sequence of office and position held.  PERIOD POSITION | |
| From       TO |  |
| From       TO |  |
| From       TO |  |
| From       TO |  |

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| **AUXILIARY CITATION IN SUPPORT OF RECOMMENDATION** |

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| General summary in praise of the candidates, actions, character, accomplishment, and value to the Auxiliary. Do not add documents, photocopies or Statuary Declarations. Use this form only. |

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| **(Signature) Coordinator** | **Date**        /       / |
| **Please print names** | |

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| **GENERAL ACTIVITIES** |
| Please answer all questions. |

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| **Fundraising General** (Raffles, stall, luncheons and other functions) |

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| **ANZAC Badges and Poppies** |

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| **Community RSL** (other selected charities [country areas only]) |

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| **Assist sub-Branch.** |

***NB: Office Administration Coordinator/Sub Branch Only.***

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| **Sub Branch President (Print Name)** | |  | |
| **Signature** |  | | |
| **Auxiliary Coordinator (Print Name)** | |  | |
| **Signature** |  | | **Date         /       /** |

Email to [ingleburnSB@rslnsw.org.au](mailto:ingleburnSB@rslnsw.org.au)