



# Epping RSL Victoria

## Application for Affiliate Membership

I hereby apply to be admitted as a Affiliate Member of the Returned and Services League of Australia and a Member of the Epping Sub-Branch.

### Personal Details

Mr/Mrs/Miss/Ms:                      Given Names:                      Surname:

Surname

Honours/Awards/Decorations (Post Nominals):

Male/Female                      Date of Birth                      /                      /                      Country of Birth

Postal Address

Suburb                      Postcode:                      State:

Phone: (M)                      (H)                      (W)

Email:

### Service Details (Please attach Proof of Service)

Service Number:                      PMKeyS No:                      Rank:

Type:  Air Force  Army  Navy  Regular  Reserve  National Service   
Other

If other (please provide)

Date of Enlistment:                      /                      /                      Discharge Certificate No: (If applicable)

Date of Discharge                      /                      /                      Length of Service: Years:                      Months:

RAS Badge Number : (If applicable)

Campaign and Service Medals:

### Previous Members Details (If applicable)

Previous Membership Yes/No

Date first joined the League: (If applicable)                      /                      /

Badge number of previous membership: (If applicable)

State and Sub-Branch of previous membership: (If applicable)

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## Declaration and Agreement

- i. I declare that the above information is true and correct
- ii. I agree to uphold the constitution of the League and its By-Laws.

Signature of Applicant

Date / /

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## 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

Accepted by Sub - Branch on / /

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(Honorary Secretary)