



APPLICATION FOR SOCIAL MEMBERSHIP
Epping RSL Sub Branch

Epping RSL

To the Secretary;

I hereby make application for admittance to the Epping RSL Sub-Branch as a Social Member:

FULL NAME _____

ADDRESS _____

POST CODE _____ OCCUPATION _____ DATE OF BIRTH ____/____/____

DRIVERS LICENCE NUMBER: _____ EXPIRY DATE: ____/____/____

EMAIL ADDRESS _____

HOME PHONE _____ WORK _____ MOBILE _____

I hereby declare: I have not been refused Membership of any other club. I agree if accepted as a Member to be bound by the Rules and By-Laws of The Returned and Services League of Australia.

SIGNED; _____ DATED; Day ____ Month ____ Year 20 ____

APPLICATIONS FOR SOCIAL MEMBERSHIP MUST BE SUPPORTED BY A PROPOSER AND A SECONDER.

PROPOSER Print Name _____ Signature _____

SECONDER Print Name _____ Signature _____

OFFICE USE ONLY

APPROVED BY COMMITTEE DATE ____/____/20 ____
