Years	Cost	Please TICK
1 Year	$5.50	
3 Years	$12.00	

Membership Number

APPLICATION FOR MEMBERSHIP

SOCIAL MEMBER (Non League Member)

(Please circle) Mr / Mrs / Miss / Ms / Dr

Given Name: …….. **Surname:** ……

Residential Address: ……..

…… **Postcode:** ……

Postal Address (if different) ……

…… **Postcode:** ……

Email Address: ……. **Licence / ID No:** ……

Home Phone: …… **Mobile:** …… **Date of Birth:** …… / …… / …….

APPLICANT DECLARATION

I hereby certify that I am over eighteen (18) years of age. I will agree to uphold the Constitution of the League and its By-Laws and faithfully observe all rules of the Redlands RSL.

Privacy Code: Redlands RSL is committed to the privacy of your personal information as supplied on this application form. The Club will only use your personal details for marketing purposes through a third party, for reasons of newsletters, renewal notices and any extra offers from the Club. I understand that I can amend any information at any time by contacting reception staff.

[ ] Please tick the box if you do not wish to receive any marketing information from the Redlands RSL Club (including newsletters & renewal notices)

Yearly membership expires 31st December of the year you join

Signature: …….. **Date:** …… / …… / …….

CLUB MEMBER (Non League Member)

Relationship to Service Person: ……..

Is this person a member of this Club: (please circle) YES NO **Membership No:** ……

If you are wishing to join as a Club Member, to be eligible you MUST be a service or ex-service man or woman or a member of the permanent forces who from time to time are eligible by reason of service as Merchant Seamen to be admitted to membership of the Returned & Services League of Australia.

A spouse, father, mother, son, daughter, stepson, stepdaughter, brother, sister, grandson, or granddaughter, or any issue thereof a serviceman (whether living or deceased) or member of the permanent forces as aforesaid or the spouse of an issue of a son, daughter, stepson, stepdaughter, brother, sister, grandson, granddaughter referred to in the above paragraph. Copy of documentation to be included with application.

OFFICE USE ONY

Proposed by:	**Member No:**
Seconded by:	**Member No:**
Please Note: The **Proposer & Seconder** must be a **SERVICE** Member of the Sub Branch and be financial for 12 months standing!	

Date Paid:	**Receipt No:**
Date Accepted:	
President Signature:	