



RSL
Queensland

TRANSFER MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (*mandatory fields)

Title (Mr/Mrs/Miss/Ms)*:	Post nominals:
First name*:	Middle name:
Surname*:	Preferred name:
Country of Birth*:	Gender: ☐ Male ☐ Female
DOB*:	Maiden name:
Address*:	
Suburb*:	Postcode*:
State*:	Country:
Phone:	ALT Phone:
Email:	

POSTAL ADDRESS (*mandatory)

☐ As above

Address:

Suburb: Postcode:

State: Country:

NEXT OF KIN

First name:	Surname:
Relationship:	Phone:
Email:	

SERVICE HISTORY (*mandatory for Service Membership)

Branch of Service* ☐ Air Force ☐ Army ☐ Navy ☐ Allied

☐ Other

Service No. or PM KEY No.*: Still serving*: ☐ Yes ☐ No

If yes, currently serving in Queensland? ☐ Yes ☐ No

ADF Members currently serving in Qld are entitled to free membership

Enlistment date*:	Discharge date*:
Rank:	Unit:

THEATRES OF SERVICE

☐ World War II	☐ BCOF Japan	☐ Korea
☐ Borneo	☐ Vietnam	☐ Malayan Emergency
☐ Gulf War	☐ East Timor	☐ Iraq
☐ Afghanistan	☐ Solomon Islands	☐ ADF Regular
☐ ADF Other		
☐ Peacekeeping		
☐ Other		

CURRENT MEMBERSHIP

Member number:	
Sub Branch:	
Date joined:	State:

TRANSFER OF MEMBERSHIP

Which Sub Branch are you applying to transfer to?

SERVICE MEMBERSHIP (if applicable)

☐ Annual fee	\$20
☐ Annual fee (currently serving)	FREE
☐ Life subscriber (18-39 years)	\$300
☐ Life subscriber (40-44 years)	\$260
☐ Life subscriber (45-49 years)	\$220
☐ Life subscriber (50-54 years)	\$180
☐ Life subscriber (55-59 years)	\$140
☐ Life subscriber (60-64 years)	\$120
☐ Life subscriber (65+ years)	\$100

CITIZEN'S AUXILIARY

☐ Joining fee	\$5
☐ Junior (12-18 years)	\$0

WOMEN'S AUXILIARY

☐ Joining fee	\$5
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I DECLARE

- ☐ The information provided is true and correct
- ☐ I agree to abide by the RSL Constitution and its By-Laws
- ☐ I enclose payment for the membership selected

SIGNATURE

Date:

By being a member, you agree to us collecting, storing, using and protecting your personal information in accordance with our Privacy Statement available at rslqld.org. Our Privacy Statement includes additional information about how we protect and manage personal information.

OFFICE USE ONLY Sub Branch Secretary/Membership Officers are to ensure this form is completed in full.

I hereby confirm the Proof of Membership eligibility has been sighted and the applicant qualifies in accordance with RSL Queensland rules.

Date:	Receipt number:
Name:	
Sub Branch:	

Signature: