

**SOCIAL & COMMUNITY
MEMBERSHIP APPLICATION FORM**



*Mandatory Field

*Have you been a member of the RSL before? Yes No
 *Sub-Branch joining: _____
 *Membership Type: Social Community

Member Details

*Title: Mr Mrs Ms Miss Other: _____
 *Given Name(s): _____
 *Last Name: _____
 *Male Female Other: _____
 *Date of Birth: / /

Postal Address

*Street: _____
 *Town/Suburb: _____
 *Post Code:

Telephone

Home: ()
 *Mobile:
 *Email Address: _____

Emergency Contact

*Name: _____
 *Phone: _____

I understand that as a member of the RSL I will receive information and updates relating to RSL events, activities and offers from the RSL and its business partners. I will always have the opportunity to unsubscribe. For the RSL privacy policy please visit rslvic.com.au

Yes, I would like to receive additional material relating specifically to gaming machines and related activities.

*Signature: _____

OFFICE USE ONLY

Date Application Approved: _____ Card Issued: Yes No
 Membership Number: _____
 Staff Name: _____ Identification Viewed: _____

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