

**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](http://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: \_\_\_\_\_