



Social & Community Membership Application Form

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*Sub-Branch joining:

*Membership Type: Social Community

*Title: Mr Mrs Ms Miss Other

*First Name:

*Last Name:

*Male / Female Male

*Date of Birth:

*Postal Address:

Street:

City/Suburb:

Post Code:

Telephone:

Home: ()

*Mobile:

*Email Address:

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.

OFFICE USE ONLY

Date application approved:

Membership no.:

Card issued: Yes Staff Name:

Identification viewed: