

## 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: \_\_\_\_\_

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