



Social & Community Membership Application Form

*Mandatory Field

*Sub-Branch joining: _____

*Membership Type: Social Community

Member Details

*Title: Mr Mrs Ms Miss Other

*First Name: _____

*Last Name: _____

*Male Female

*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.

*Signature: _____



OFFICE USE ONLY

Date application approved: _____ Card Issued: Yes No

Membership number: _____

Staff Name: _____ Identification viewed: _____



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