

MEMBERSHIP NOMINATION FORM

RSL SUB-BRANCH WOMEN'S AUXILIARY

(Full Name in Block Letters)

of _____
(Address)

Hereby apply for Membership of the above RSL Women's Auxiliary

(Signature of Applicant)

(Date)

I propose the above Nomination of _____

From my personal knowledge I consider her eligible to be a member.

(Signature of Proposer)

I second the above nomination of _____

From my personal knowledge I consider her eligible to be a member.

(Signature of Seconder)

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FOR OFFICE USE ONLY

Accepted _____

Recorded In Register _____

Date Receipt Issued _____

Hon. Secretary _____