



## RSL AUXILIARY MEMBERSHIP APPLICATION

RSL sub-Branch: .....

Full Name: .....

Address: .....

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.....

.....

Phone: .....

Email: .....

D.O.B: .....

Signature of Applicant:  
.....

Date signed: .....

### FOR OFFICE USE ONLY

*Please circle as appropriate below:*

Application:    ACCEPTED                      DECLINED – Reason: .....

.....

Date recorded in register: .....

Date receipt issued: .....

Hon. Secretary Signature:  
.....