SOCIAL & COMMUNITY MEMBERSHIP APPLICATION FORM

RSL REWARDS
More Rewards. More Often.

*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**

☐ 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: _____