



Social Membership Application

PLEASE PRINT CLEARLY (*Required fields)

*Title Mr Mrs Ms Miss | *Gender Male Female

*First Name

*Surname

*Date of Birth

*Postal Address

Street

City/Suburb Post Code

Home Phone Mobile Phone

*Email Address

*Signature

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 it's business partners. I will always have the opportunity to unsubscribe. For the RSL privacy policy please visit rslvic.com.au

Privacy Statement: Tick here if you do not wish to receive information and membership offers.

OFFICE USE ONLY

Photo ID Sighted Card Issued/Date

Staff Name

Membership No.

mildurarsl.com.au

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