



**RETURNED AND SERVICES LEAGUE OF AUSTRALIA
AUSTRALIAN CAPITAL TERRITORY BRANCH ^{INC}**

ABN 61 268 362 646

APPLICATION FOR TRANSFER OF MEMBERSHIP

Given Names:

Surname:

Date of Birth: Membership Type:

Financial To: Receipt No:

Transfer from: Branch / Sub-Branch

Transfer to: Branch / Sub-Branch

Old Address:

Suburb: Postcode: State/Country:

New Address:

Suburb: Postcode: State/Country:

Telephone: Work: Home: Mobile:

Email: Occupation (optional):

Declaration and Agreement:

I declare that:

1. The information provided is true and correct; and
2. I agree to uphold the Constitution of the League and its By-Laws

Signature of Applicant

Date

OFFICE USE ONLY

Losing Branch /Sub-Branch:

1. The above details have been checked and are correct
2. The transfer has been actioned and an amount of \$ remains to this Life Member/Subscriber's credit and is hereby transferred to you.¹

Signature of Sub-Branch Secretary

Date

¹ The transfer of Ordinary Members will not involve the transfer of any part of their annual subscription.