

**NATIONAL SERVICEMEN'S ASSOCIATION OF AUSTRALIA
ACT BRANCH Inc.**

A.B.N. 15 108 825 860

POSTAL ADDRESS, P. O. BOX 388, Jamison ACT 2614

New Membership Fee - \$30.00

(Cheques should be made out to: N.S.A.A)

Surname.....

Membership Number

Given Name(s).....

Preferred Name.....

Date of Birth/...../.....
(Dd/mm/yyyy)

Address.....

Suburb.....

State.....

Post Code.....

Postal Address.....

Telephone Number.....

Mobile Number.....

E-mail.....

Next of Kin.....

Relationship to applicant.....

Branch of Service Navy Army Air Force

Service Number..... Rank on Discharge.....

Period of Service: From / / To / /

Unit/Corps.....Squadron.....Naval Establishment.....

Additional Service Information

I do solemnly declare that the above information is, to the best of my knowledge, an accurate record of my Military Service and any false information could void my application and/or result in being excluded from the Association.

Signed.....

Date...../...../.....

Proposer.....
(Print Name) (Signature)

Secunder.....
(Print Name) (Signature)

Are you a member of an RSL Sub-Branch? Yes No

Do you require information on RSL membership? Yes No

With reference to the Privacy Act, do you agree to your details being made available to any other organisation? (Please tick appropriate selection) Yes No

All Documentation should be forwarded to:-

The Membership Officer
P.O. Box 388,
Jamison ACT 2614

Office use only

Membership Approved/...../.....

Date Received/...../.....

Date Processed/...../.....

Receipt No

Cheque **Cheque No.**.....**Bank**.....**BSB**.....

Account Number.....**Money Order** **Money Order No.**.....

Direct Credit **Reference No.**.....

Cash

Date of Computer Entry/...../.....