



## RSL-SA Membership Return Form

Sub-Branch

Date:

Page:

of

Please make a COPY of this form for your Sub-Branch Records.

Attach receipts for all capitation fees entered in the below table.

Membership Return Forms that are NOT correctly completed will not be processed and returned to your Sub-Branch for correction.

Receipt No	Full Name <i>Eg: John David Smith</i> <i>NOT: Jack Smith or JD Smith</i>	Capitation Fees Due to State Branch	New or Renewal
Carried Forward			

Summary	Qty	Rate	Total
New Service Member			
New Affiliate Member			
Renewal Service			
Renewal Affiliate			
Life Member			
Transfer			
<b>Total</b>			
<b>Less Credits</b>			
<b>Payment</b>			

### Privacy Statement

We will not use any of the information on this membership form without your specific permission in writing, other than to record the information of the members of the League and will not pass that information to anyone outside the League. ABN 19 219 796 904