REQUEST FOR TRANSFER OF MEMBERSHIP - STANDARD FORM

I,	
(Please print Given Names and Surnam	ne)
hereby request transfer of membership	
From:	Branch/sub-Branch
То:	Branch/sub-Branch
Reason for transfer :	
Old Address:	Post Code
New Address:	Post Code
Service No:	Rank
RSL Badge No:	Membership Type:
Current Year's Subscription paid to	Branch/sub-Branch
Financial to 31/12/	Member's sub-Branch file collected: Yes/No (circle)
DateACKNOWLEDGI Losing sub-Branch Secretary	Members Signature EMENT SLIP
Name: Phone/email ² :	
// Date	Honorary Secretary
Gaining sub-Branch Secretary	
Name:Pl	none/email:
/ Date	Honorary Secretary
State Branch The transfer of	as been actioned and the details as provided are
//	State Branch Staff Signature

¹ The transfer of Service Members will not involve the transfer of any part of their annual subscription. ² To allow gaining sub-Branch to verify RSL service of member