

MEMBERSHIP NOMINATION FORM

_____ RSL sub-Branch Women's Auxiliary

I, _____
(Full name in block letters)

Of _____
(Address)

_____ Email Address

Hereby apply for membership of the above RSL Women's Auxiliary

(Signature of Applicant)

(Date)

I propose the above nomination of _____
From my personal knowledge I consider her eligible to be a member.

(Signature of Proposer)

I second the above nomination of _____
From my personal knowledge I consider her eligible to be a member.

(Signature of Seconder)

FOR OFFICE USE ONLY

Accepted _____

Recorded in Register _____

Date Receipt Issued _____

Hon. Secretary _____



RSL CENTRAL COUNCIL OF WOMEN'S AUXILIARIES (NSW BRANCH)

This circular is for information of ladies wishing to join an RSL Women's Auxiliary (NSW Branch)

Name: _____

It is suggested the following information be seriously considered before any nomination form is signed.

Duties Include:

1. Doing voluntary work, whenever and wherever possible for the RSL Auxiliary and RSL sub-Branch.
2. Helping the Auxiliary raise funds for RSL Defence Care
3. Attending as many Auxiliary meetings as possible each year
4. Attending as many Auxiliary activities and functions as possible
5. Representing the Auxiliary whenever possible and/or when requested
6. Participating personally in Auxiliary functions and hospital visiting
7. Helping parent sub-Branch when requested, ie selling ANZAC and Poppy Day Badges etc.

NEW AND ACTIVE MEMBERS ARE ALWAYS MOST WELCOME