



RSL-SA Sub-Branch Appointments As at:

PLEASE COMPLETE THIS FORM AND RETURN TO THE MEMBERSHIP AS EARLY AS POSSIBLE AFTER
THE SUB-BRANCH AGM

Please do not use Nick names - 'USE' Given Names.

Sub-Branch Details:

Sub-Branch: _____
Sub-Branch Postal Address: _____
Sub-Branch Street Address: _____
Telephone: _____ Mobile: _____ Email: _____
Website: _____ ABN: _____ Association Incorporation No: _____
Charitable Status: Yes No DGR Status: Yes No Premises Licenced: Yes No
Licence Type: Restricted Full Any changes to the Ownership / Leasing of the Sub-Branch: Yes No
Club Room enquiries to: _____ Mobile: _____ Email: _____
AGM Date: _____ Location: _____
General Meetings are held on: _____ Location: _____
Elected officers take office from: _____

Trading Hours:

Day	Open	Closed	Activities / Dinning
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Subscriptions:

Service: _____ Affiliate: _____

President:

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Secretary:

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Treasurer:

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Public Officer:

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Vice President: ⁽¹⁾

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Vice President: ⁽²⁾

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

General Committee:

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Membership Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Pensions / Welfare Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Pensions / Welfare Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Pensions / Welfare Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Pensions / Welfare Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Hospital Committee Delegate:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Sports Officer:

Surname: _____ Given Names: _____
Home Ph: _____ Mobile Ph: _____ Email: _____

Auditors:

Company: _____
Name: _____ Mobile Ph: _____ Email: _____

Signature: _____ Hon Secretary _____ Date: _____