

**THIS FORM NEEDS TO BE COMPLETED and RETURNED
EVEN IF THERE IS NO CHANGE IN OFFICE BEARERS**

APPENDIX 'A'



**THE RETURNED & SERVICES LEAGUE OF AUSTRALIA
(Victorian Branch) Inc**

RECORD OF OFFICERS AND COMMITTEE OF SUB-BRANCH FOR THE YEAR 2015

Sub-Branch REGION _____

Street Address PostCode

P O Box PostCode

(ALL MAIL WILL BE SENT TO SUB-BRANCH P O BOX/STREET ADDRESS **UNLESS SPECIFIED**)

Phone: Fax Email

Licensed: YES NO Type of License: Full Restricted

EGMs*: YES NO How many?(*Electronic Gaming Machines)

Incorporated: YES NO If yes, Registration Number A00.....Date

Web Page: www.

OFFICE BEARERS (PLEASE PRINT)

President, full name
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:

PLEASE PRINT

Secretary, full name
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:(Pls indicate if you wish to receive email to your personal address)

PLEASE PRINT

Treasurer, full name
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:

PLEASE PRINT

Welfare Officer, full name
(Title) (Given Names) (Family Name) (Post Nominals)

Personal Address Post Code.....

Telephone Nos. Business.....Private.....Mobile Phone.....

Personal email:

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Other Office Bearers

Vice-President Committee person.....
Imm. Past Pres. Committee person.....
Appeals Officer Committee person.....
Committee person Committee person.....
Committee person Committee person.....
Committee person Committee person.....
Committee person Committee person.....

CERTIFICATE

I certify that the above named are financial members of the RSL and were eligible for election as officers and committeemen of the Sub-Branch. They were duly elected to the positions set out against their respective names at a duly constituted meeting of the Sub-Branch held on the/...../2015.....

Date

Signature
(Sub-Branch President)

Countersigned
(Sub-Branch Secretary)

**PLEASE NOTE All Licensed Sub-Branches
will receive their mail via email.**

Traditional Sub-Branches

A. Please indicate whether you wish to receive prior notification via email **OR**
If you only wish to receive hardcopy mail