

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 OFSUB-BRANCH FOR THE YEAR 2017

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:.....

PLEASE PRINT

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

Date and Level of most recent TIP qualification.....

Confirmation PO is current in terms of Pension Officer Level.....(ie refresher training at TIP level)

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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	<input type="checkbox"/> OR
If you only wish to receive hardcopy mail	<input type="checkbox"/>

OFFICE USE ONLY